

Name
in
Full

CERTIFICATE OF DEATH

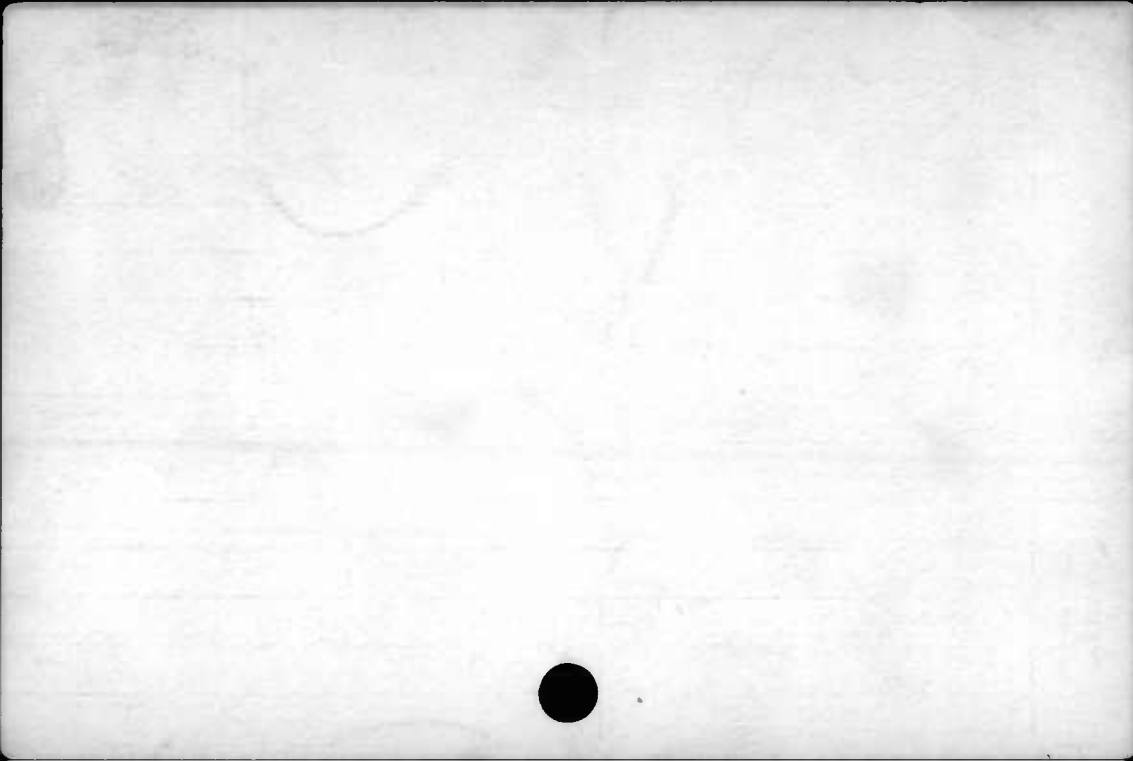
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumtux land</i> Town		<i>allagany</i> County		MARYLAND	
Date of death 1903	<i>Aug.</i> Month	<i>8</i> Day	Age <i>—</i> Years	Months <i>—</i>	Days <i>—</i>
Sex <i>male</i>	Color or Race <i>Black</i>		Birth-place <i>Cumtux land</i>		
Married, Single <i>—</i> or Widowed			Occupation		
Name of Wife or Husband <i>Widowed Andrew</i>					
Father's Name <i>Widowed Andrew</i>			Father's Birthplace <i>ind</i>		
Mother's Maiden Name <i>Mary Taylor</i>			Mother's Birthplace <i>ind</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Starbourn</i>	How long <i>—</i>
Immediate	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. H. Taylor</i>
	Address
Accident or Suicide?	



Name
in
Full

Unnamed

CERTIFICATE OF DEATH

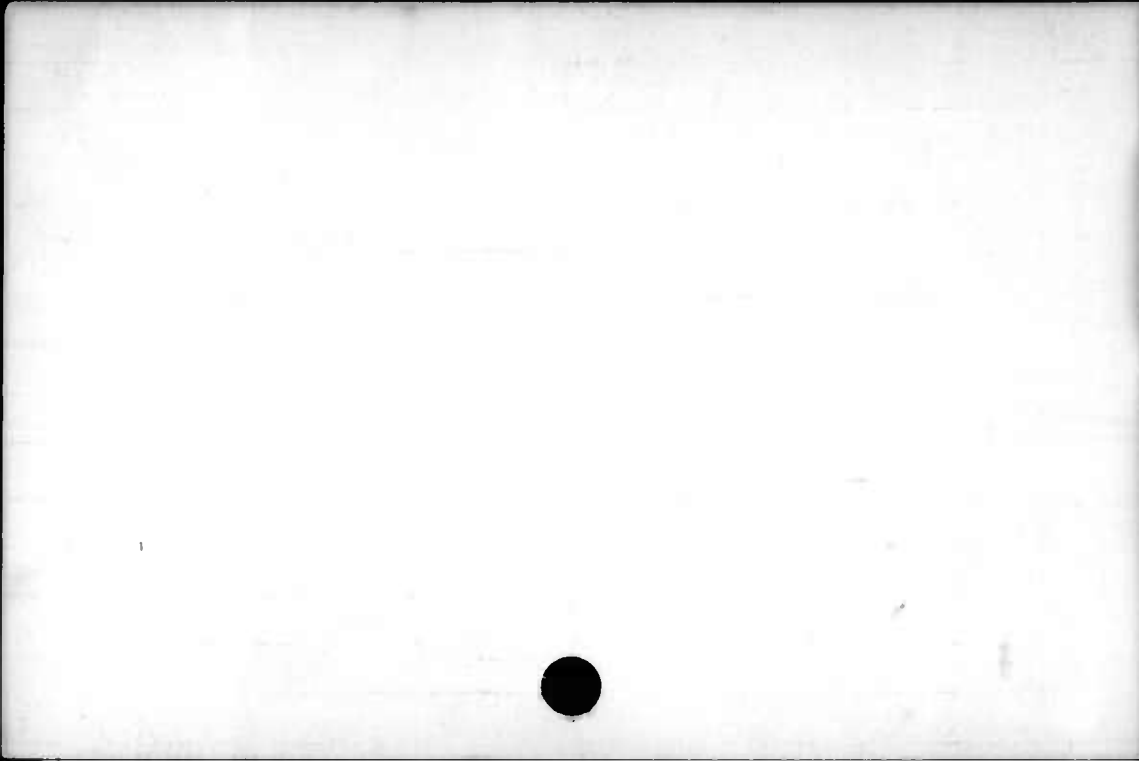
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annaburgh</i> ^{Town}		<i>Allegany</i> ^{County}		MARYLAND	
Date of death <i>1903</i>	Month <i>Aug</i>	Day <i>3</i>	Age <i>—</i>	Months <i>—</i>	Days <i>1</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Annaburgh</i>		
Occupation <i>Nothing</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>David Bonifich</i>			Father's Birthplace <i>VA</i>		
Mother's Maiden Name <i>Margaret Howard</i>			Mother's Birthplace <i>W. Va.</i>		
Name of person giving Information <i>Margaret Howard</i>			How related to deceased <i>mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still</i>	How long	<i>—</i>
Immediate	<i>Still</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. M. Speers</i>	
		Address <i>Annaburgh, Md.</i>	
Accident or Suicide? <i>—</i>			



Name
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CERTIFICATE OF DEATH

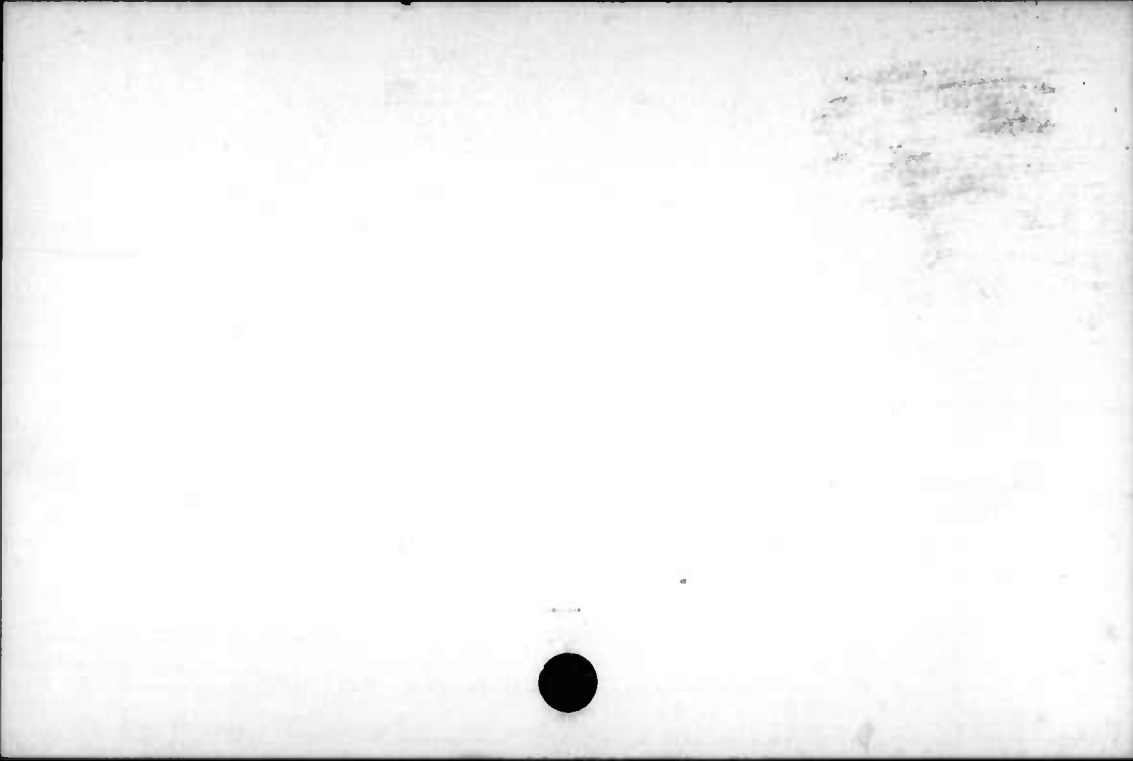
TO BE ANSWERED BY
• NEAREST FRIEND

Name <i>Hazel Boyd</i>		Town <i>Loosemounting</i>		County <i>Alleghany</i>		MAYLAND	
Died at <i>Loosemounting</i>		Date of death 190 <i>3</i>		Age <i>22</i>		Months <i>19</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Loosemounting</i>		Days <i>19</i>	
Married, Single or Widowed <i>Single</i>		Occupation <i>Clerk in R.R. office.</i>					
Name of Wife or Husband <i>John Boyd</i>				Father's Birthplace <i>Scotland</i>			
Mother's Maiden Name <i>Mary Spears</i>				Mother's Birthplace <i>Elkton Md.</i>			
Name of person giving Information <i>John Boyd</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dysphoid fever</i>	How long <i>4 weeks</i>
Immediate <i>Intestinal perforation</i>	How long <i>One a few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	
Signature of Physician <i>W. J. Skilling</i>	
Address <i>Loosemounting</i>	
Accident or Suicide? <i>No</i>	



Name
in
Full

Charles J. Bramble

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Smith</u> Town		<u>Acquing</u> County		MARYLAND	
Date of death <u>1903</u>	Month <u>8</u>	Day <u>18</u>	Years <u>57</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>male</u>	Color or Race <u>White</u>		Birth-place <u>MD</u>		
Occupation <u>Cooper</u>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband <u>Emma. Bramble</u>			
Father's Name <u>Jos Bramble</u>		Father's Birthplace <u>MD</u>			
Mother's Maiden Name <u>Sarah Thomas</u>		Mother's Birthplace <u>MD</u>			
Name of person giving Information <u>Charles W. Bramble</u>		How related to deceased <u>Son</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Cancer</u>	How long <u>2 yrs</u>
Immediate <u>Exhaustion</u>	How long <u>2 1/2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dwight H. F.</u>
	Address <u>Baltimore MD</u>
Accident <u>Swollen</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Robert Eugene Brandt
Mt. Savage, Allegheny

MARYLAND

Date

of death 1903

Month

Aug

Day

20

Age

Years

5

Months

—

Days

26

Sex

Male

Color or
Race

White

Birth-
place

Mt. Savage, Md.

Married, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
Name

George C. Brandt

Father's
Birthplace

Cumberland, Md.

Mother's
Maiden Name

Mollie E. Kierulff

Mother's
Birthplace

— S.C.

Name of person giving
information

Geo. C. Brandt

How related
to deceased

Father

CAUSES OF DEATH

Primary

Transition

How long

26

Immediate

— Same —

How long

collapse in few hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

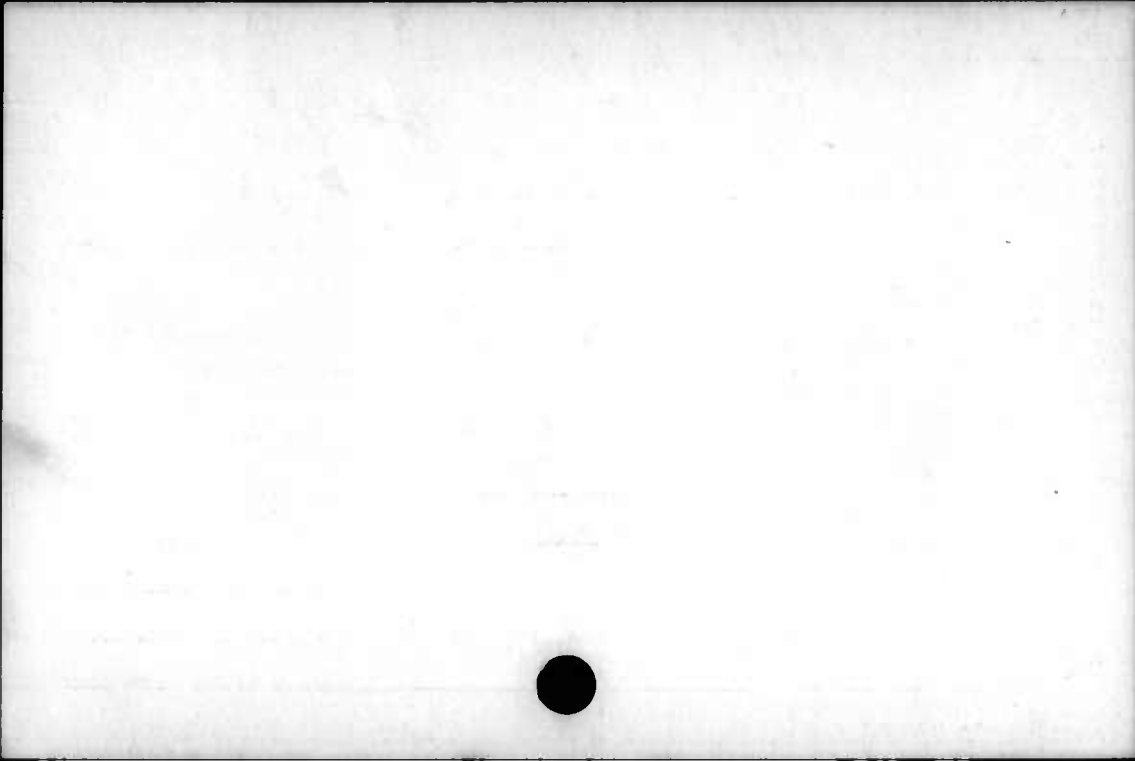
Edward L. L. L.

Address

Mt. Savage, Md.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Eveline Brolemann Kee

CERTIFICATE OF DEATH

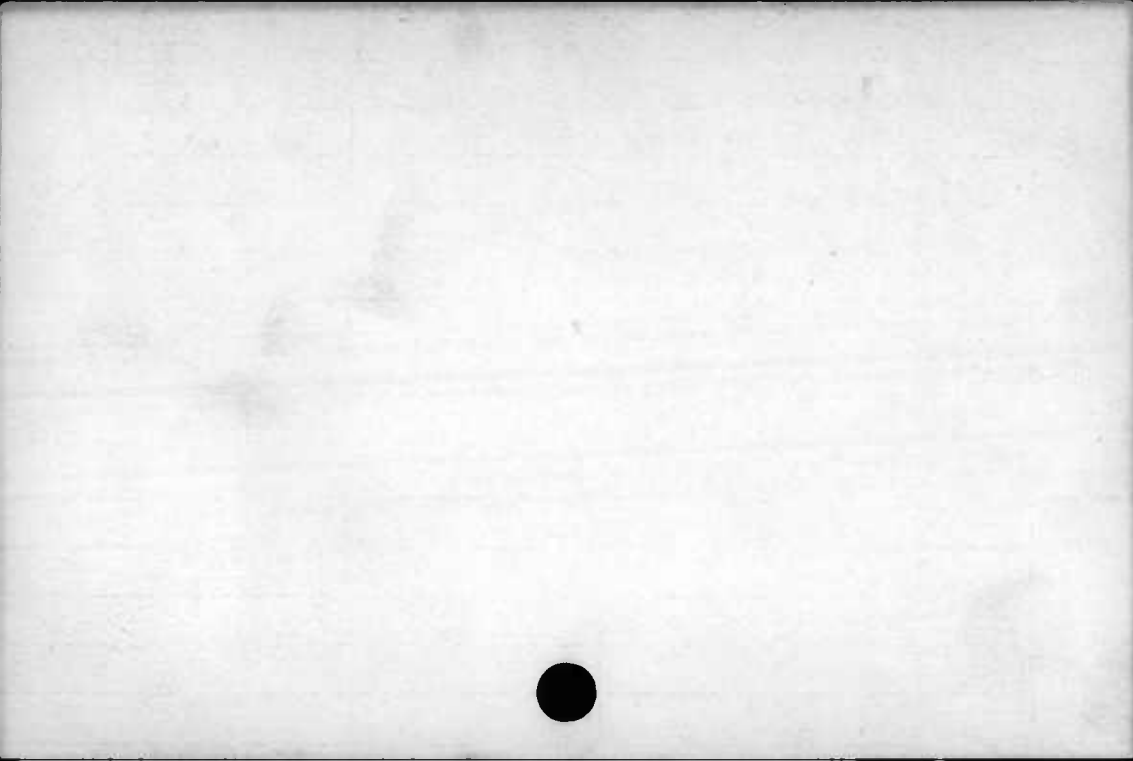
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lumberton</i> ^{Town}		<i>Allegany</i> ^{County}		MARYLAND	
Date of death 190	<i>3</i>	Month <i>8</i>	Day <i>15</i>	Age <i>75</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>W</i>		Birth- place <i>Allegany Co</i>		
Married, Single or Widowed <i>Wid</i>		Occupation <i>Housekeeper</i>			
Name of Wife or Husband <i>John Brolemann Kee</i>					
Father's Name <i>Joe H. West</i>			Father's Birthplace <i>W. Va.</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Thos. Gensley</i>			<i>40</i>		
			How related to deceased <i>Son in Law</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senile of thrombosis</i>	How long <i>3 years</i>
Immediate <i>Exhaustion</i>	How long <i>28 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. H. Swings</i>
	Address <i>Lumberton W. Va.</i>
Accident or Suicide? <i>—</i>	



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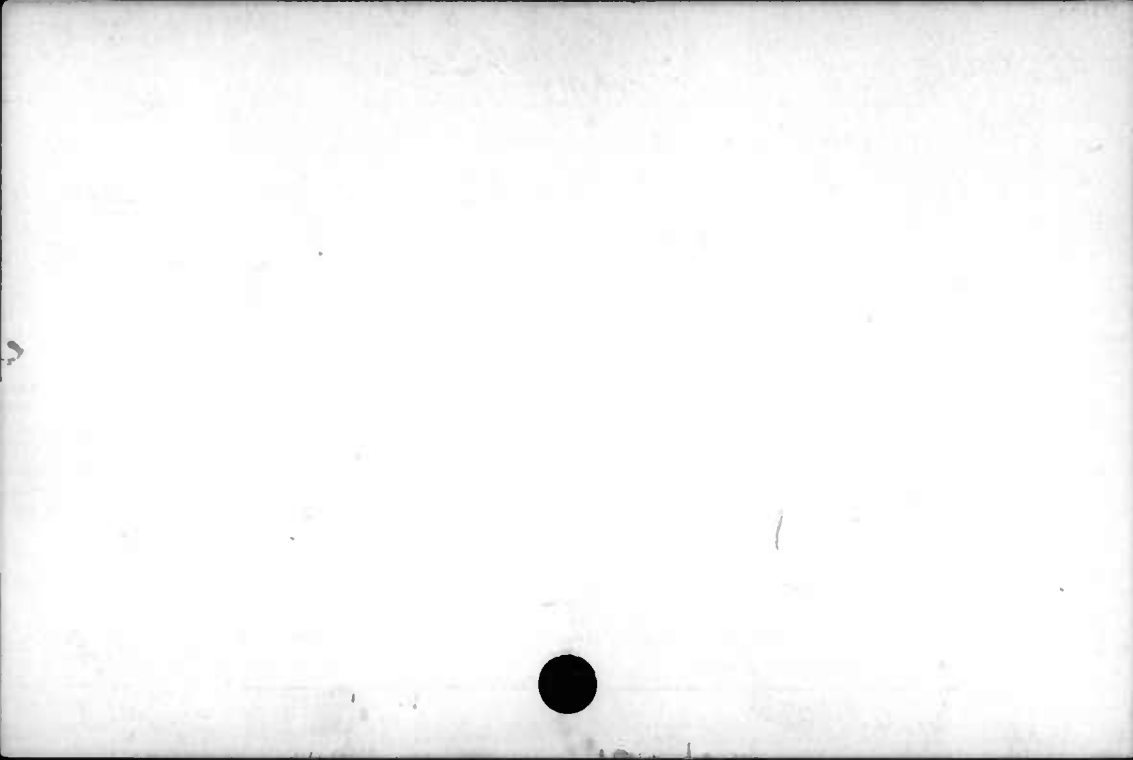
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mar</i> Town <i>Rawlings</i>		County <i>Carroll</i>		MARYLAND	
Date of death 1903	Month <i>August</i>	Day <i>3</i>	Age <i>Allegany</i>	Months	Days <i>1</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth place <i>Mar Rawlings</i>		
Married, Single or Widowed <i>Infant</i>			Occupation		
Name of Wife or Husband					
Father's Name <i>Wm H. Carroll</i>			Father's Birthplace <i>Washington Dc</i>		
Mother's Maiden Name <i>Elizabeth Carroll</i>			Mother's Birthplace		
Name of person giving information			How related to deceased <i>West Virginia</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Born</i>	How long <i>A.</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>Sarah Leese Attendant</i>
		Address <i>Bier Md</i>
Accident or Suicide?		<i>Exempt from Sec Report or</i>



Name
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CERTIFICATE OF DEATH

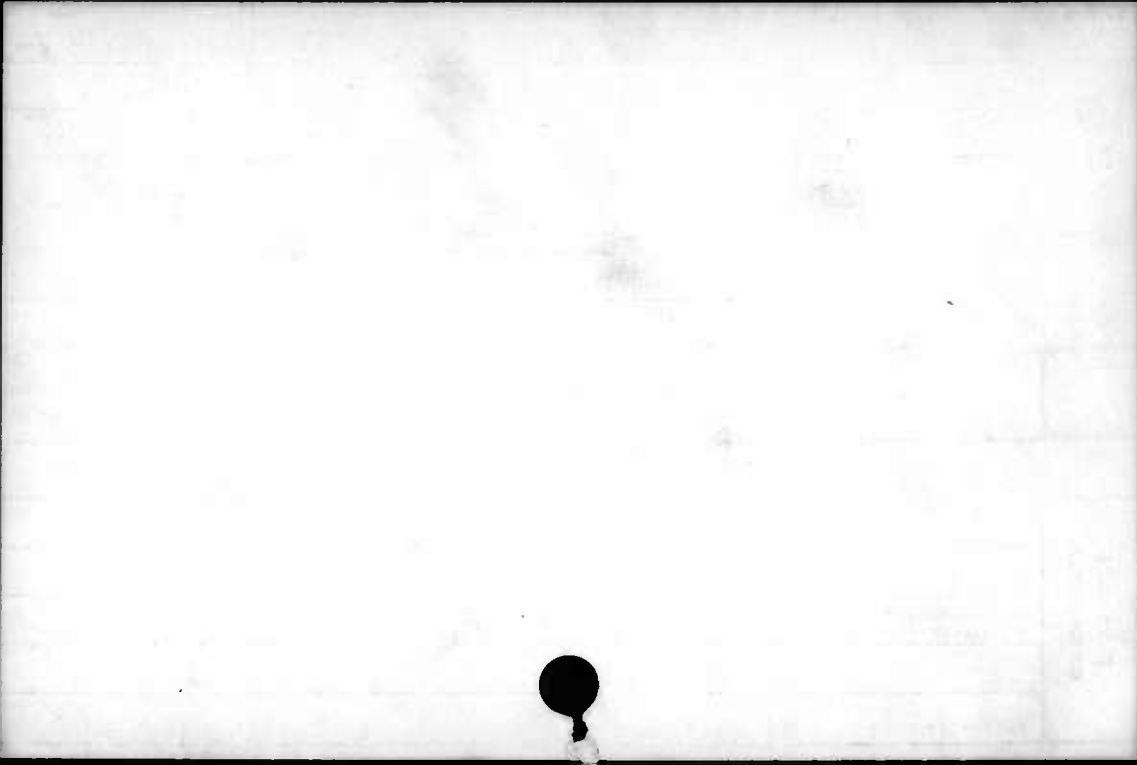
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumtbd.</i>		Town <i>Cumtbd.</i>		County <i>Allegheny</i>		MARYLAND	
Date of death	1903	Month	Aug	Day	10	Age	77
Sex	Female		Color or Race	White		Birth-place	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name					Father's Birthplace		
Mother's Maiden Name					Mother's Birthplace		
Name of person giving Information					How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Bright's disease</i>	How long	<i>100</i>
Immediate	<i>"</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>H. S. Hail M.D.</i>	
		Address	
		<i>Cumtbd. Md.</i>	
Accident or Suicide?			



Name
in
Full

Edwin Cavan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Pekin</u> Town		<u>Allegheny</u> County		MARYLAND	
Date of death 190	<u>3</u> Month	<u>August</u> Day	<u>20</u> Years	<u>10</u> Months	<u>1</u> Days
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Pekin</u>		
Married, Single or Widowed <u>Single</u>			Occupation <u>—</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>Patrick Cavan</u>			Father's Birthplace <u>Virginia</u>		
Mother's Maiden Name <u>Mary Brehaney</u>			Mother's Birthplace <u>Ireland</u>		
Name of person giving Information <u>Mrs Mary Cavan</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Whooping Cough</u>	How long	<u>3 week</u>
Immediate	<u>Enterocolitis</u>	How long	<u>2 week</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>James Q. Beckett</u>	
		Address <u>Linacoring Mary Lane</u>	
<u>Accident or Suicide?</u>			



Name
in
Full

Edward N. Chaney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumt, Md</u>		Town		County <u>Allegheny</u>		MARYLAND	
Date of death 190 <u>3</u>		Month <u>Aug.</u>	Day <u>20</u>	Age <u>70</u>	Years <u>—</u>	Months <u>—</u>	Days <u>1</u>
Sex <u>Female</u>		Color or Race <u>W</u>		Birth-place <u>Cumt, Md</u>			
Married, Single or Widowed <u>—</u>				Occupation <u>—</u>			
Name of Wife or Husband <u>Nettie Richardson</u>							
Father's Name <u>Richard Chaney</u>				Father's Birthplace <u>Md</u>			
Mother's Maiden Name <u>Nettie Nickliss</u>				Mother's Birthplace <u>Md</u>			
Name of person giving information <u>Richard Chaney</u>				How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Premature Birth</u>		How long <u>2 Mo</u>
Immediate <u>Exhaustion</u>		How long <u>1 Day</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>H. F. Sargoff</u>
		Address <u>—</u>
Accident or Suicide? <u>—</u>		



Name
in
Full

Alexander Close -

B 6

CERTIFICATE OF DEATH

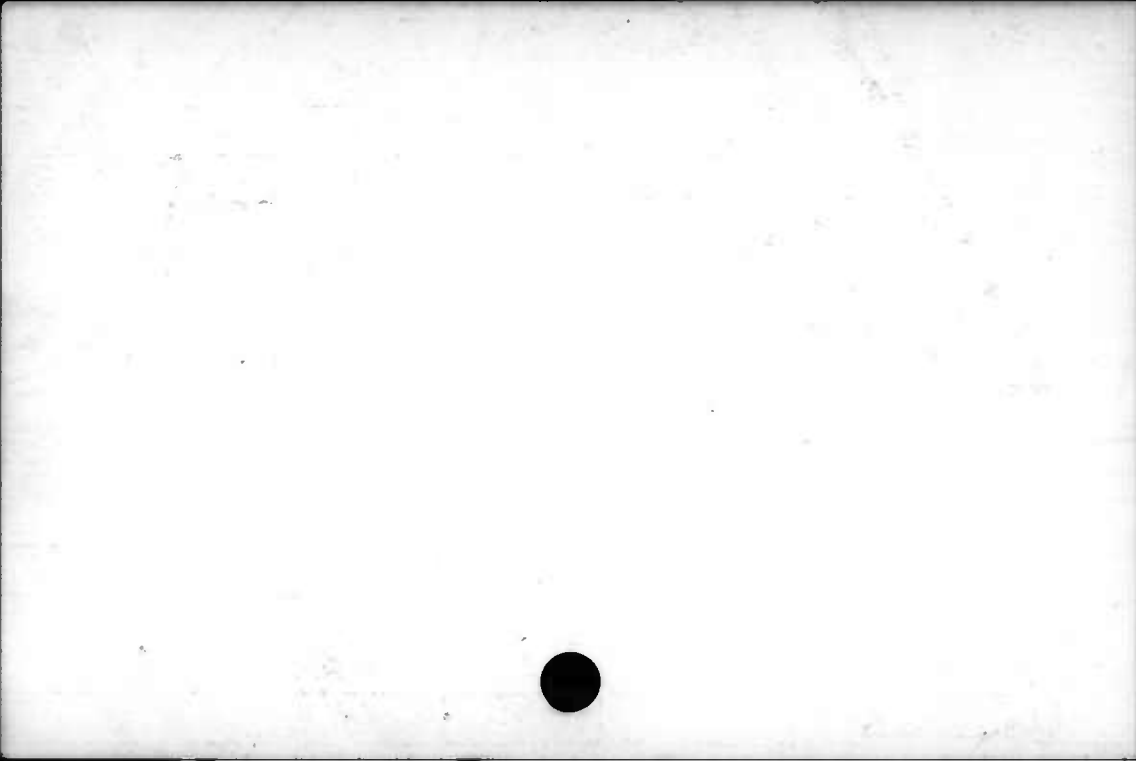
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Eckhart Mines</i> ^{Town}		<i>Allegany</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>Aug.</i>	Day <i>29</i>	Age <i>78</i> ^{Years}	Months <i>8</i>	Days <i>2</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Scotland</i>		
Married, Single or Widowed			Occupation <i>Miner</i>		
Name of Wife or Husband <i>Margaret</i>					
Father's Name <i>William Close</i>			Father's Birthplace <i>Scotland</i>		
Mother's Maiden Name <i>Sarah</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>James R. Close</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cancer of Prostate gland</i>	How long	<i>one year</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>B. H. Connolly M.D.</i>	
<i>Yes.</i>		Address <i>Eckhart Mines</i>	
Accident or Suicide <input checked="" type="checkbox"/>		<i>7145.</i>	



Name
in
Full

Mrs Gertrude Conway.

CERTIFICATE OF DEATH

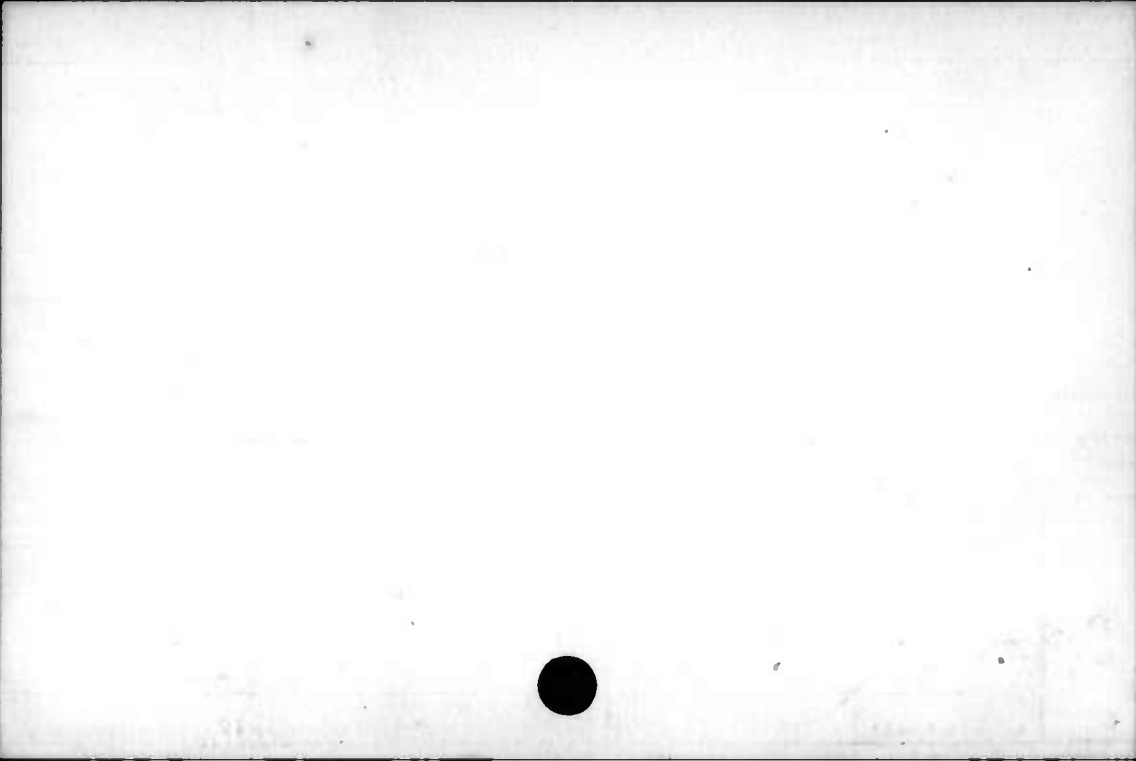
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westernport</i>		County <i>Allegheny</i>		State <i>MARYLAND</i>	
Date of death <i>1903</i>	Month <i>8</i>	Day <i>13</i>	Age <i>38</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Cumt d</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Cumt d Md</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Frank J. Conway</i>				
Father's Name <i>Michael Stramm</i>		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving Information		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Shot to Death.</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W J Corrie</i>
	Address <i>Cumt d Md</i>
Accident or Suicide?	



Name
in
Full

Margaret Curran

CERTIFICATE OF DEATH

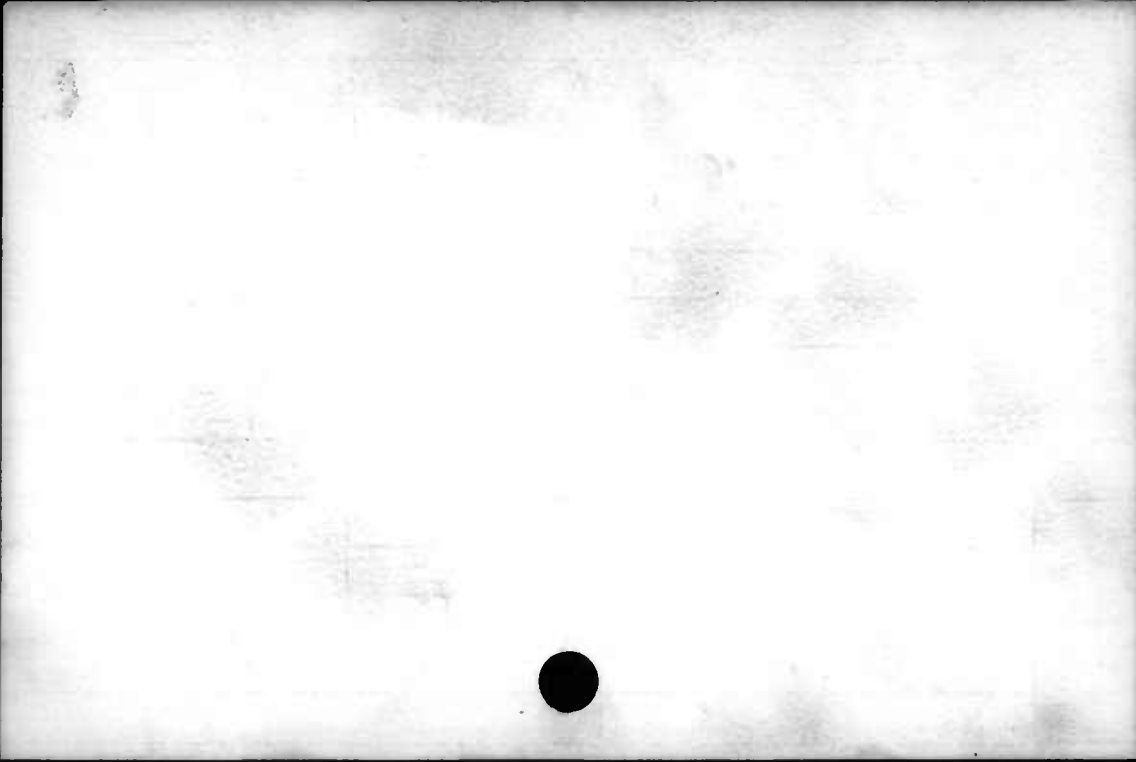
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Chamberland</i>		^{County} <i>Allegheny</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>August</i>	Day <i>14</i>	Age <i>82</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place		
Married, Single or Widowed <i>Single</i>		Occupation			
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving in formation <i>Miss Curran</i>			How related to deceased <i>Sister</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Scarfe</i>	How long <i>one week</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>C. H. Wernick</i>
	Address <i>Chamberland Md.</i>
Accident or Suicide?	



Name In Full

Certificate of Death

Eric Erland Dean

Town

County

Died at

Cumboldt

Allegany

MARYLAND

Date 1903

Month

8

Day

2

Y.

M.

D.

Age

7

Native of

Md

Occupation

chief

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Erick Dean

Mother's

Maiden Name

Anna Smith

Cause of

Primary

Enteric - Colic

How long sick

6 weeks

Death

Immediate

Exhaustion

105

Accident, Suicide, Homicide

Reported by

J. N. Fochman

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70998



Name
in
Full

Catharine Dressman

CERTIFICATE OF DEATH

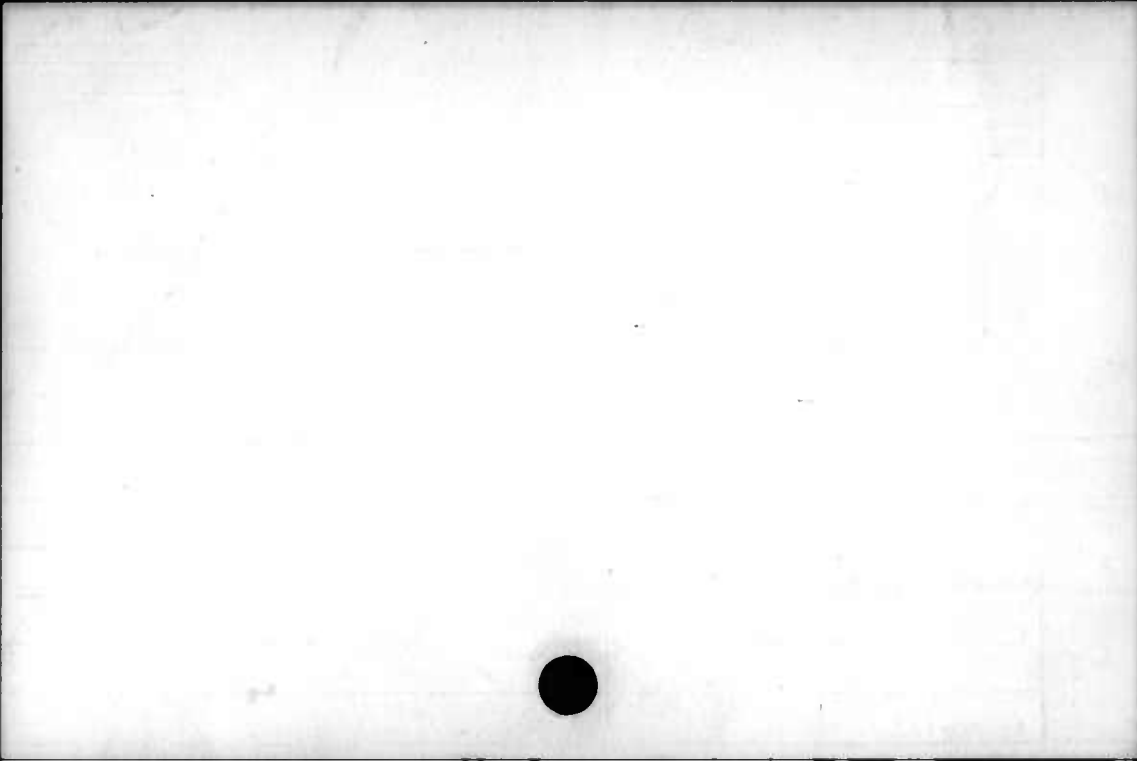
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Camden</i>		County <i>Camden</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>8</i>	Day <i>28</i>	Age <i>84</i>	Months <i>"</i>	Days <i>"</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Germany</i>			
Occupation <i>House wife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband				
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information <i>Joseph Dressman</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Mitral Insufficiency</i>	How long <i>4 yrs</i>
Immediate <i>Heart failure</i>	How long <i>few days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Toghtman</i>
	Address
Accident or Suicide?	



Name In Full

Certificate of Death

Paris Enoch.

Town

County

Died at

Cumbd

Cuyahoga.

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

8 - 5

Age

52

Cumbd

Bar Tender

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

WidowerNumber of children livingHusband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

~~Primary~~

How long sick

Death

Immediate

accidental Drowning 172

Accident, Suicide, Homicide

Reported by

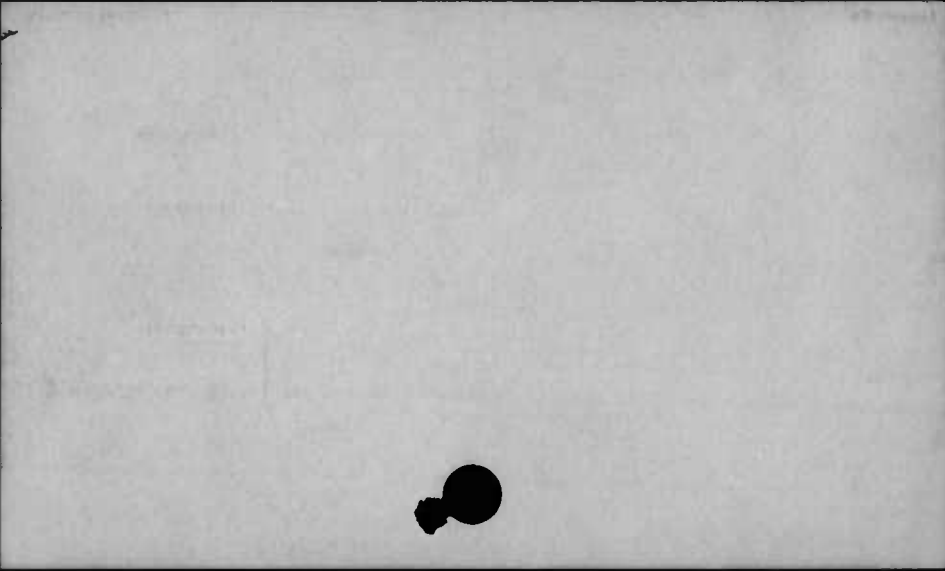
W T Carnae

Coroner

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

Philip Feltore

CERTIFICATE OF DEATH

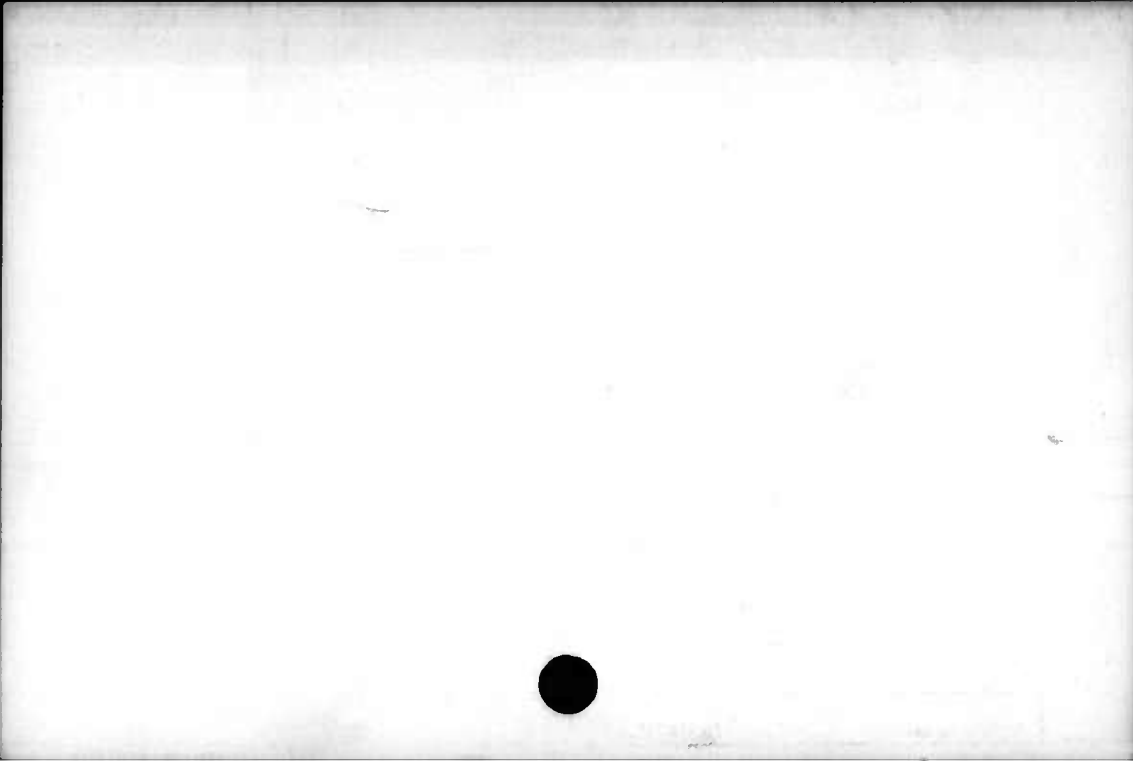
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cumberland Md		County Allegheny		MARYLAND	
Date of death		1903	Month 8	Day 29	Age 53	Years -	Months -
Sex Male		Color or Race White		Birth-place			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving Information						How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate Killed by Train # 6 -		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician W J Coroner	
		Address	
Accident			



Name
in
Full

Thomas Wilbur Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Moscow Mills</u> ^{Town}		<u>Allegheny</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	<u>August</u> ^{Month}	<u>25</u> ^{Day}	Age <u>—</u> ^{Years}	<u>2</u> ^{Months}	<u>7</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>white</u>		Birth-place <u>Moscow</u>		
Married, Single or Widowed <u>Single</u>			Occupation <u>—</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>Patrick J. Green</u>			Father's Birthplace <u>Newbury, Va.</u>		
Mother's Maiden Name <u>Mary Fitzpatrick</u>			Mother's Birthplace <u>West Va.</u>		
Name of person giving Information <u>Mary Green</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Marasmus</u>	How long <u>from birth</u>
Immediate <u>Enterocolitis</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>James O. Bullock</u>
	Address <u>Lima, Ohio, Maryland</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

CERTIFICATE OF DEATH

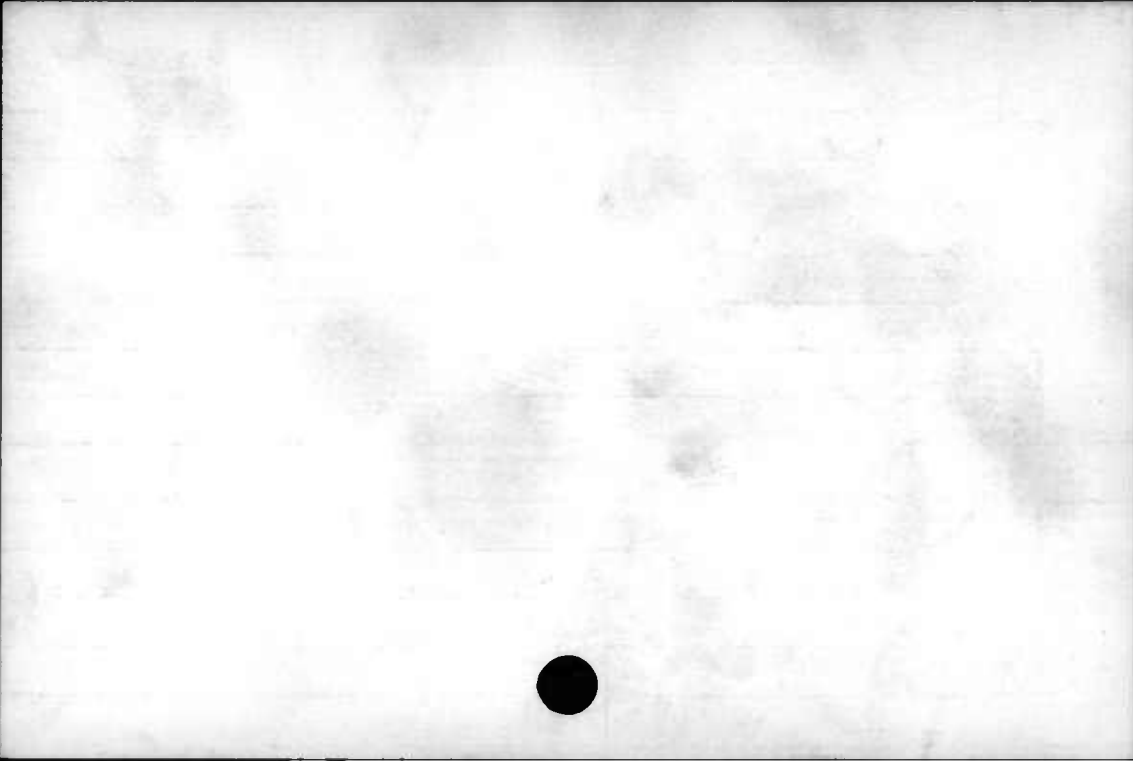
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date	Month	Day	Years	Months	Days		
of death 190	3	August	24 th	Age	46		
Sex	Male		Color or Race	White		Birth-place	
Married, Single or Widowed	Married		Occupation		Farmer		
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Autthrax infection	How long	2 weeks
Immediate	Meningitis	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
cjs		James J. Johnson	
		Address	
		Cumberland, Md.	
Accident or Suicide?			



Name
in
Full

(Infant)

Hansel

CERTIFICATE OF DEATH

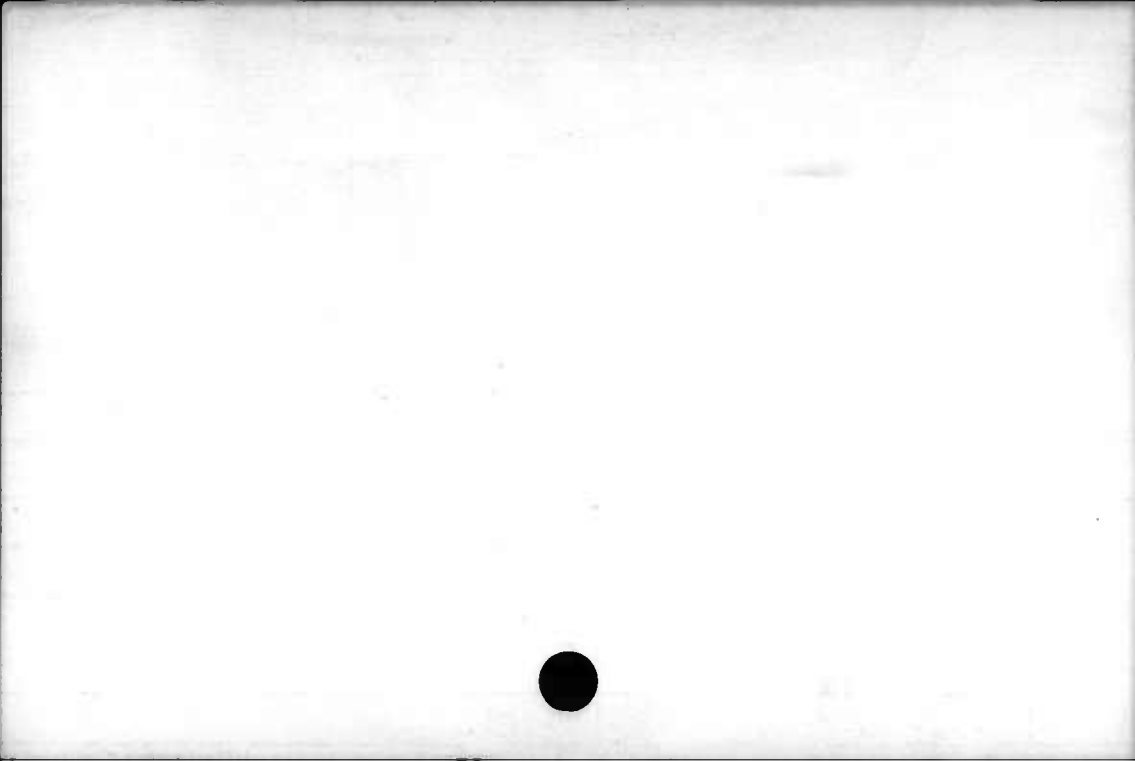
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumtland</i> ^{Town}		<i>Allegany</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>Aug</i>	Day <i>2</i>	Age <i>0</i> Years	Months <i>0</i>	Days <i>1</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Cumtland</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>(Unknown)</i>			Father's Birthplace		
Mother's Maiden Name <i>Annie H Hansel</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Annie H Hansel</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Weak Premature Infant</i>	How long <i>1 1/4 days</i>
Immediate <i>Exhaustion</i>	How long <i>1 1/4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>151 Dr. L. Broadbent</i>
	Address <i>100 V. C. Ave</i>
Accident or Suicide? <i>No</i>	<i>Cumtland Ind.</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Donacooning</i> ^{Town}		<i>Allegany</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Aug.</i>	Day <i>22</i>	Age <i>9</i>	Months <i>10</i>	Days <i>10</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Donacooning</i>			
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Andrew House</i>			Father's Birthplace <i>West Va.</i>		
Mother's Maiden Name <i>Lily D. Metz</i>			Mother's Birthplace <i>Barton Md.</i>		
Name of person giving information <i>Andrew House</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pertussis</i>	How long <i>2 months</i>
Immediate <i>Enteritis</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>M. Gibson Portin</i>
	Address <i>Donacooning Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

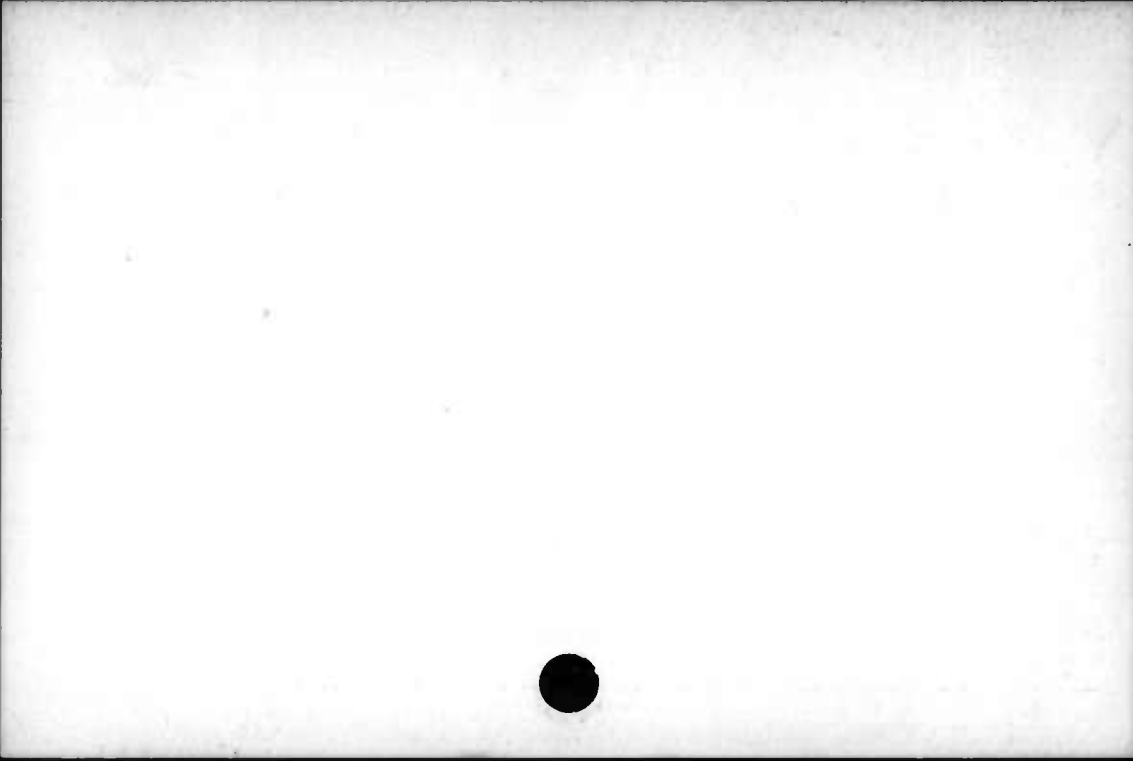
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westminster</i>		Town <i>allugany</i>		County		MARYLAND	
Date of death 1903	Month <i>Aug</i>	Day <i>28</i>	Age <i>X</i>	Years	Months <i>9</i>	Days <i>3</i>	
Sex <i>Boy</i>	Color or Race <i>White</i>		Birth-place <i>Westminster</i>				
Married, Single or Widowed <i>Single</i>	Occupation <i>child</i>						
Name of Wife or Husband <i>Annie Hughes</i>							
Father's Name <i>Jacob Hughes</i>				Father's Birthplace <i>Westminster</i>			
Mother's Maiden Name <i>Annie Knight</i>				Mother's Birthplace <i>Westminster</i>			
Name of person giving information <i>Father</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Summer complaint</i>	How long <i>2, weeks</i>
Immediate <i>Exhaustion</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. B. Hughes</i>
	Address <i>Westminster</i>
Accident or Suicide?	<i>Med</i>



Name
in
Full

Selma Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month	Day	Age	Years	Months	Days
of death 1903		8	3			2	
Sex	Female	Color or Race	Caucasian		Birth-place	Baltimore	
Married, Single or Widowed	Do not know		Occupation		Do not know		
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				Evid. Stein		How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Do not know did not treat child		How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	H. H. Twigg
yes		Address	
Accident or Suicide?			



Name in Full		Margaret Porter Jones				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Town		County		MARYLAND	
Died at		Sonaconing		Allegany			
Date of death 1903		Month Aug.		Day 16		Age 76	
Sex Female		Color or Race white		Birth- place Maryland		Months 2	
Married, Single or Widowed		Widow		Occupation house wife			
Name of Wife or Husband		Wm D. Jones deceased					
Father's Name		John Porter				Father's Birthplace Maryland	
Mother's Maiden Name		Laney Porter				Mother's Birthplace Pennsylvania	
Name of person giving in formation		John T. Porter				How related to deceased Sons	
CAUSES OF DEATH							
Primary		Senile debility				How long Several months	
Immediate		Apoplexy				How long Suddenly	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician J. D. Skilling M.D.			
				Address Sonaconing Maryland			
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

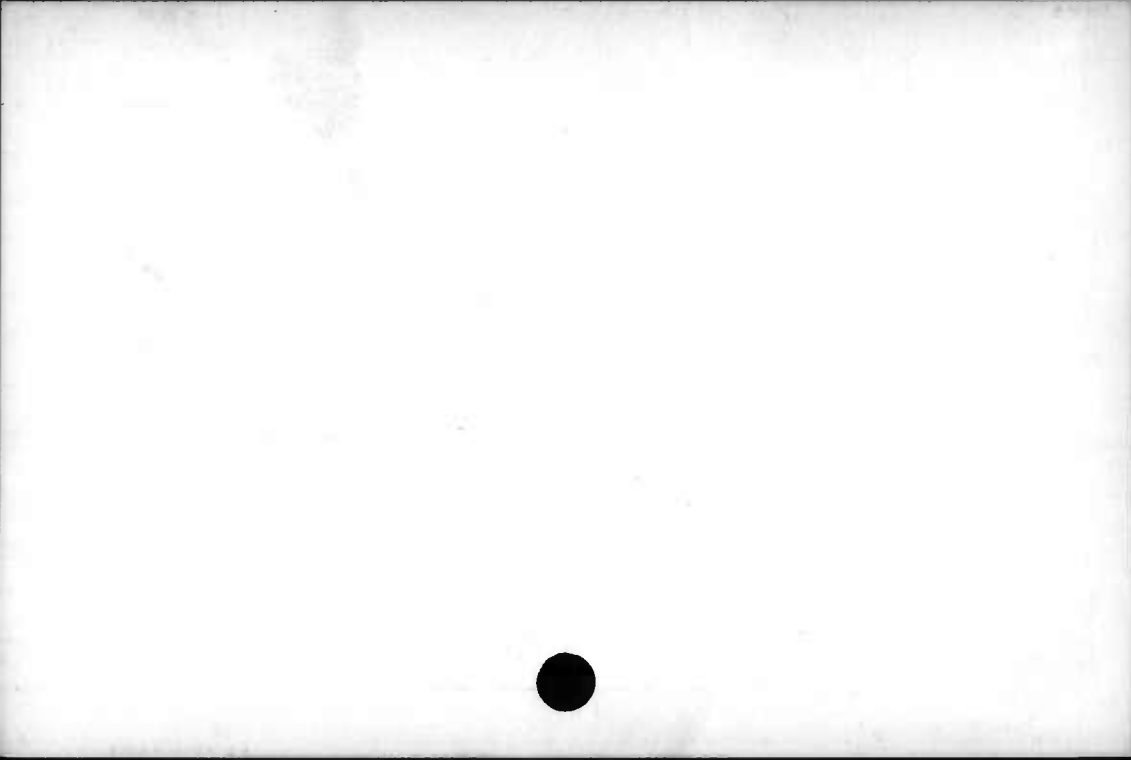
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Robert Roy Kalbaugh</i>		Town <i>Westport</i>		County <i>Allegheny</i>		State MARYLAND	
Died at <i>Westport</i>		Month <i>8</i>		Day <i>11</i>		Age <i>—</i>	
Date of death 190 <i>7</i>		Years <i>—</i>		Months <i>2</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Allegheny Co.</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>—</i>					
Name of Wife or Husband <i>—</i>							
Father's Name <i>G. E. Kalbaugh</i>				Father's Birthplace <i>Allegheny Co.</i>			
Mother's Maiden Name <i>F. W. Patton</i>				Mother's Birthplace <i>W. Va.</i>			
Name of person giving information <i>G. E. Kalbaugh</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Indigestion</i>	How long <i>10 1/2</i>
Immediate <i>Acute Indigestion</i>	How long <i>11 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>G. E. Kalbaugh</i>
	Address <i>Parkview W. Va.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Catherine Karber

MARYLAND

Died at *Cumberland* TownCounty *Allegany*Date
of death 1903Month
8Day
6

Age

Years
80Months
—Days
—Sex *Female*Color or
Race *White*Birth-
place *Germany*Married, Single
or Widowed *Widowed*Occupation *Retiree*Name of Wife or
HusbandFather's
NameFather's
Birthplace *Germany*Mother's
Maiden NameMother's
Birthplace *Germany*Name of person giving
In formation*Joseph Shriver**79*How related
to deceased *Grand son*

CAUSES OF DEATH

Primary

*Mitral Insufficiency (Senile)*How long
years

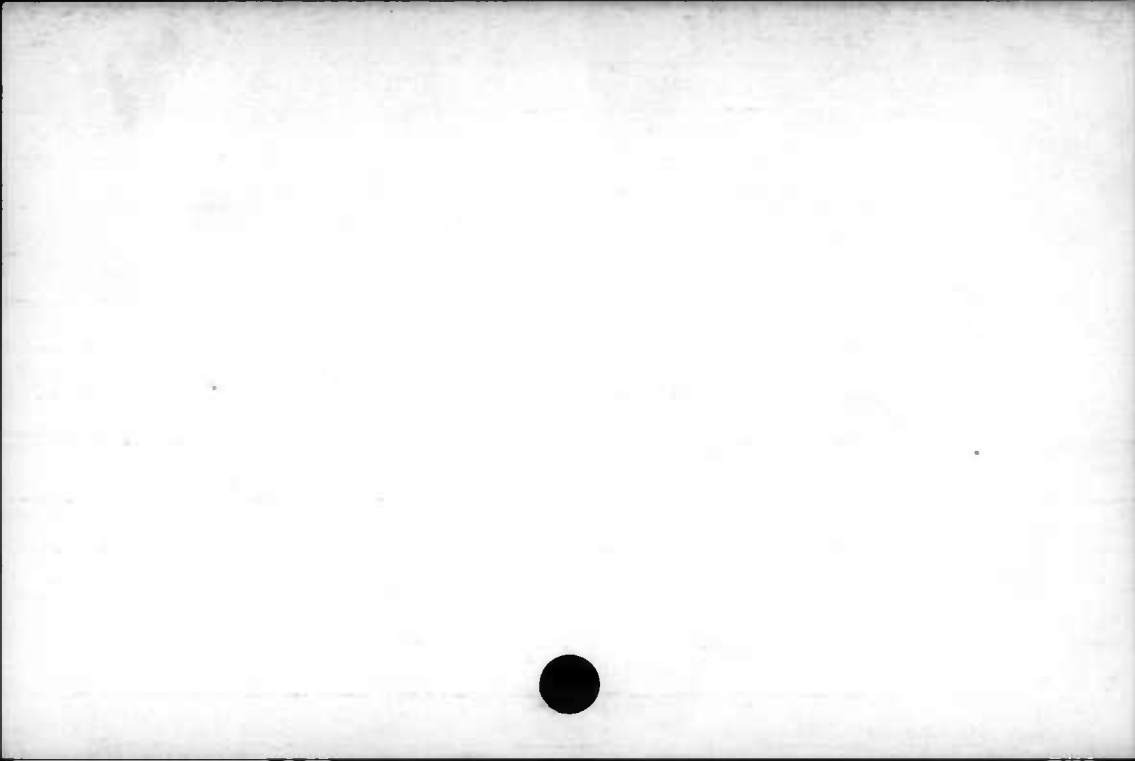
Immediate

*Exhaustion*How long
*weeks*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*J. R. Fichtman*

Address

Cumberland Md

Accident or Suicide?



Name in Full

Certificate of Death

Rosina Kuhlman

Town

County

Died at

Crumblana

Allegheny

MARYLAND

Date 189

1903 Aug 17

Age

78 3 1

Name of

Occupation

Susan

Housewife

~~Male~~

White

Married

Widow

~~Divorced~~

Female

Colored

~~Single~~~~Widow~~

Number of children living

—

Husband

of

Wife

Father's

Name

Cause of

Primary

Immediate

Death

Mother's

Name

How long sick

Bernard Kuhlman

Chidifhe Yoonia

Andrew Myers

Acute indigestion

3 days

Collapse

Accident, Suicide, Homicide

Reported by

Address

H. W. Hodgson

Crumblana Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6596R

91 1000

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

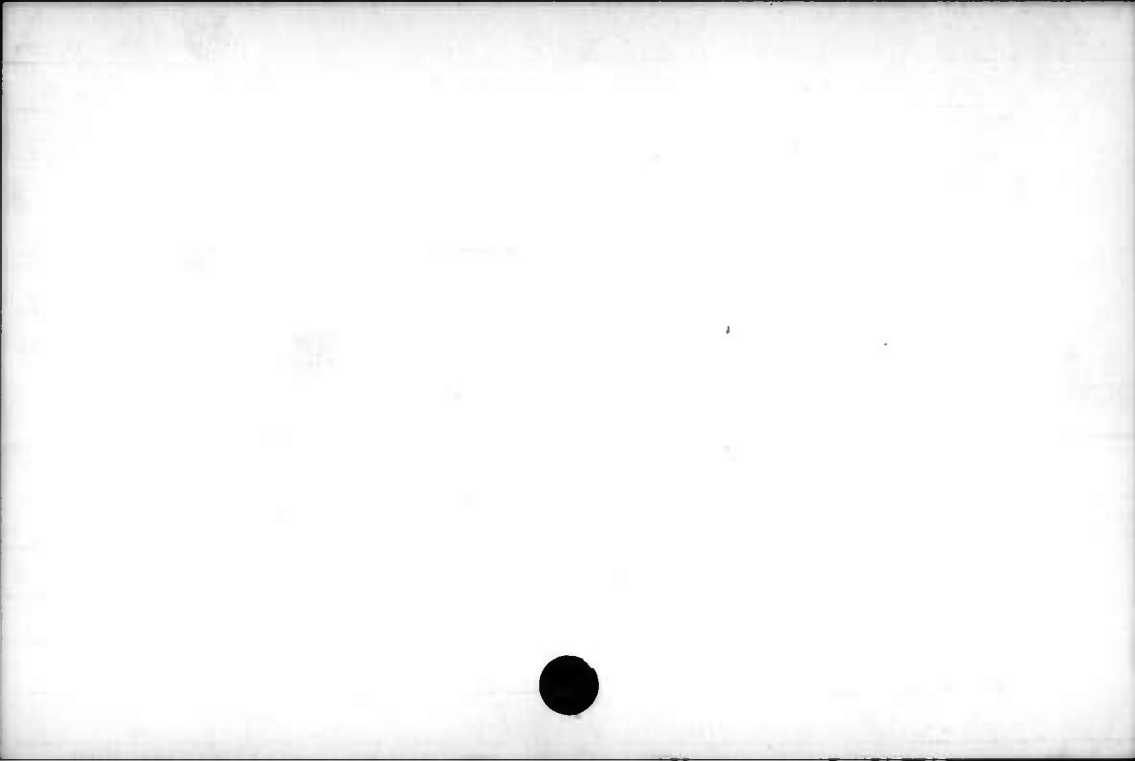
MARYLAND

Died at <i>bunka</i> Town		County <i>Allegany</i>			
Date of death <i>1903</i>	Month <i>8</i>	Day <i>1</i>	Age <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>bunka</i>			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Allen Longshore</i>		Father's Birthplace			
Mother's Maiden Name <i>Bridget Kelly</i>		Mother's Birthplace			
Name of person giving Information <i>Miss Longshore</i>		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Birth</i>	How long
Immediate <i>Dead Born</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>James Wilson</i>
<i>St Patrick bunka</i>	Address
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month 5	Day 19	Age 12	Months		Days
Sex Female		Color or Race White			Birth-place		
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name					Father's Birthplace		
Mother's Maiden Name					Mother's Birthplace		
Name of person giving information					How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Name
in
Full

William T. Mansfield

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westernport</i> <small>Town</small>			<i>Allegany</i> <small>County</small>			MARYLAND	
Date of death 190	<i>3</i> <small>Month</small>	<i>8</i> <small>Day</small>	Age	<i>38</i> <small>Years</small>	<i>3</i> <small>Months</small>	<i>15</i> <small>Days</small>	
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Allegany Co.</i>		
Married, Single or Widowed	<i>Married</i>	Occupation	<i>R R Watchman</i>				
Name of Wife or Husband							
Father's Name				<i>Patrick Mansfield</i>			
Mother's Maiden Name				Father's Birthplace			
Name of person giving information				Mother's Birthplace			
<i>Mansfield</i>				How related to deceased <i>Wife</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Adriatic Disease</i>	How long	<i>4 years</i>
Immediate	<i>Eganabin</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>J. B. Shuman</i>
		Address	<i>Westernport</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

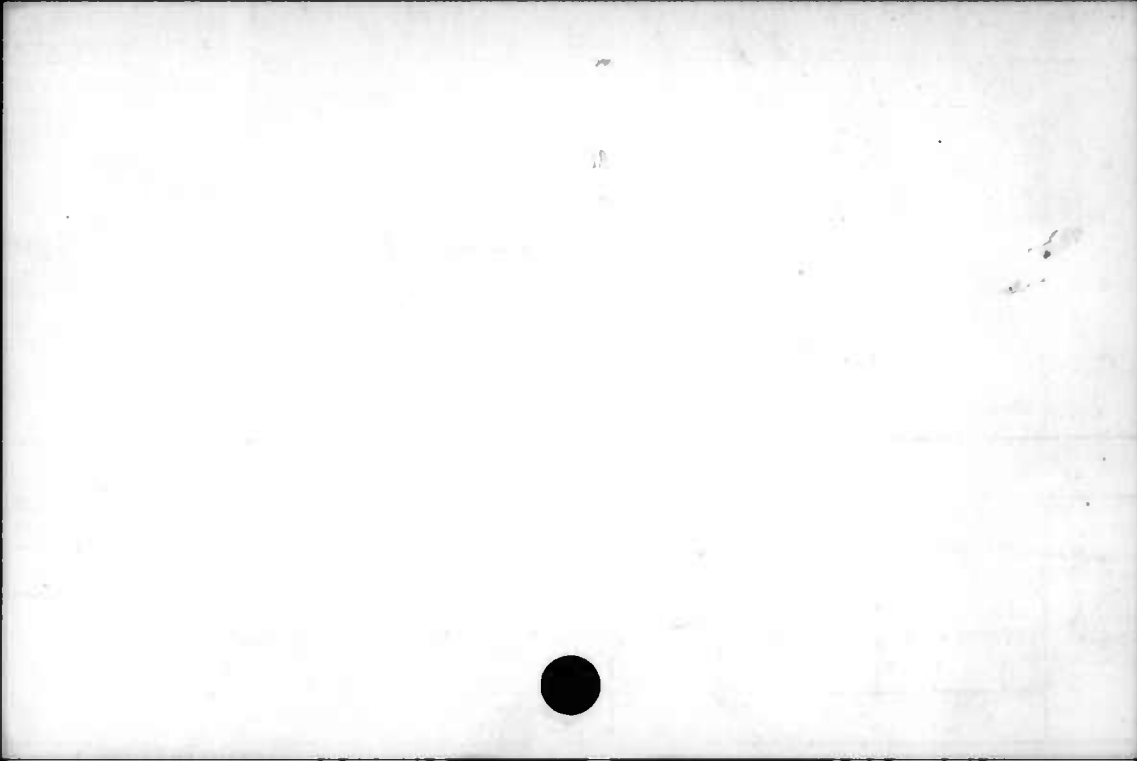
Vincenzo Marrocco

Died at <i>W. Md Hospital</i>		County <i>Allegany</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>8</i>	Day <i>22</i>	Years <i>21</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>male</i>	Color or Race <i>Italian</i>		Birth-place <i>Italy</i>		
Occupation <i>Labor</i>			Where Residing if not at place of death <i>Westernport Md</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>—</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving Information <i>—</i>			How related to deceased <i>—</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>3 days</i>
Immediate <i>Heart Failure</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>B. C. Miller</i>
	Address <i>Cumberland Md</i>
Accident or Suicide?	



Name
in
Full

G. H. Michaels

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Buckland</i> Town		<i>Allegheny</i> County		MARYLAND	
Date of death 19 <i>03</i>	Month <i>Aug</i>	Day <i>6</i>	Age <i>35</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>W</i>		Birth-place <i>7772</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>Rail Road Conductor</i>				
Name of Wife or Husband <i>—</i>					
Father's Name <i>—</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>—</i>			How related to deceased <i>—</i>		

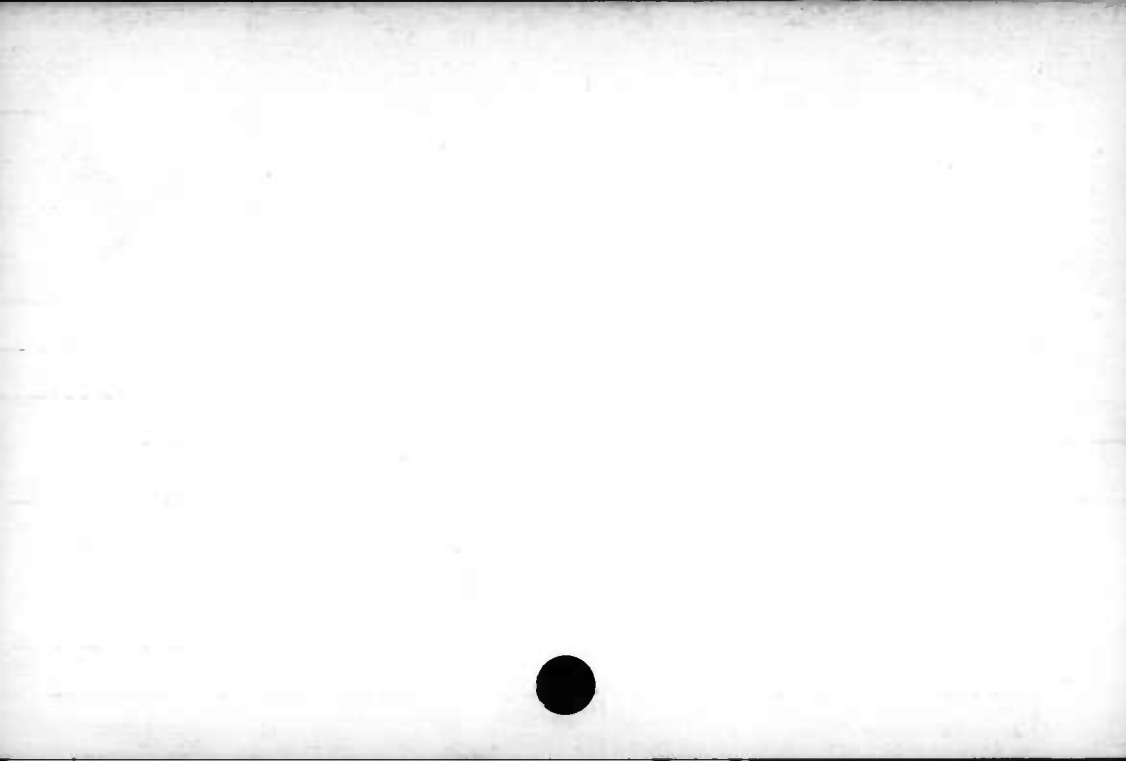
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	How long <i>3 days</i>
Immediate <i>Cholera</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. F. Gregg</i>
	Address <i>Buckland</i>
Accident or Suicide? <i>—</i>	<i>yes</i>



Name in Full		infant John Miller				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County	
		Bumt		Maryland		Maryland	
		Date of death 1903		Month		Day	
		8		2		Age	
		Sex		Color or Race		Birth-place	
		Male		White		Bumt	
		Married, Single or Widowed		Occupation			
		Name of Wife or Husband					
Father's Name		John Miller				Father's Birthplace	
Mother's Maiden Name		Hoffman				Mother's Birthplace	
Name of person giving information		John Miller				How related to deceased	
						Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary				How long	
		151					
		Asphyxiation				How long	
		Immediate					
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	
492		John M. Donald				Address	
St Peter Pauls.		Cumberland, Md.					
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

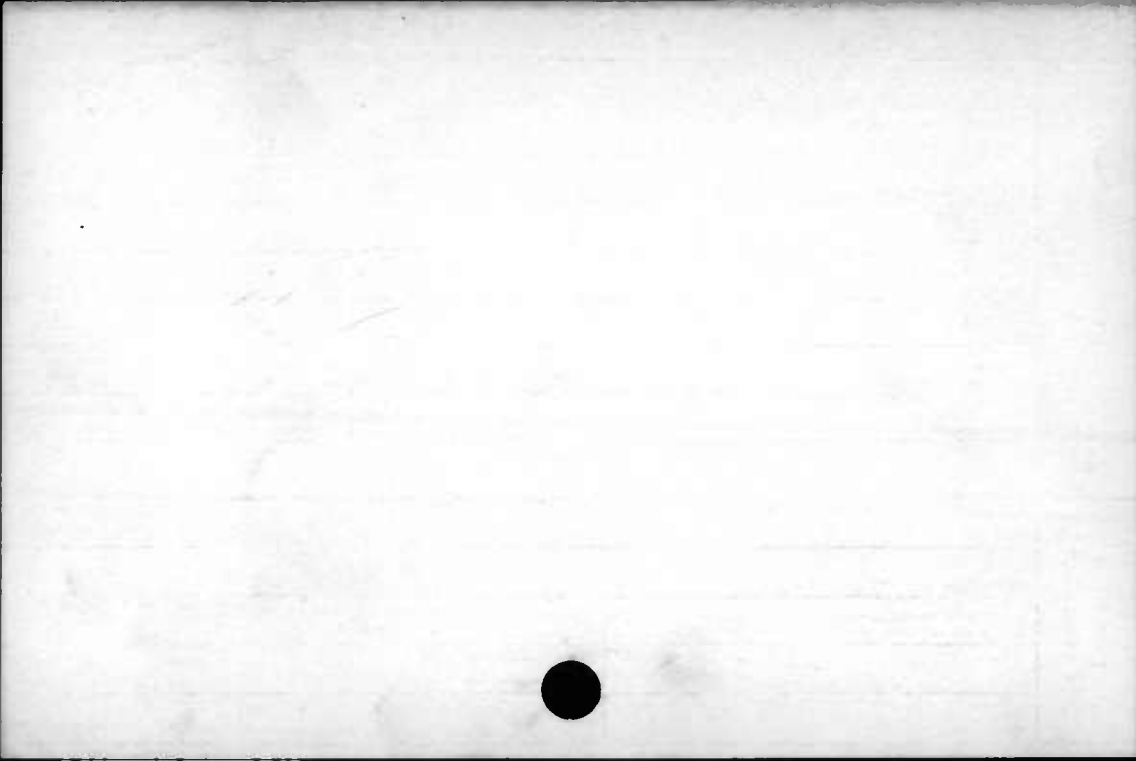
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Templeton</i>		Town <i>Templeton</i>		County <i>Allegheny</i>		State <i>MARYLAND</i>	
Date of death 1903	Month <i>Aug</i>	Day <i>11</i>	Age <i>2 months</i>	Years	Months <i>—</i>	Days <i>24</i>	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Nova</i>				
Married, Single or Widowed <i>Single</i>			Occupation <i>house</i>				
Name of Wife or Husband <i>—</i>							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>acute meningitis</i>	How long <i>2 days</i>
Immediate <i>convulsions</i>	How long <i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. [unclear]</i>
<i>St. Patrick</i>	Address <i>[unclear]</i>
Accident or Suicide?	



John Morgan
 Town County
 Died at Cumberland Allegany MARYLAND
 Month Day Y. M. D. Native of Occupation

Date 1963 Aug 11 Age 31
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name John Morgan Mother's Name Augusta M. Cornock
 Maiden Name

Cause of Death	Primary	Melancholia	How long sick	2 weeks
	Immediate	St. Lawrence	Accident, Suicide, Homicide	

Reported by E. B. Blaylock MD 151

Address On the 1st of August 1963

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

1888 June 18
St. Louis

Name
is
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death	190	2	Month	4	Day	18	Age
Sex		Color or Race		Years		Months	Days
Occupation		Birth-place		Where Residing if not at place of death			
Married, Single or Widowed		Name or Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name
in
Full

Child of Mr. Mullen

CERTIFICATE OF DEATH

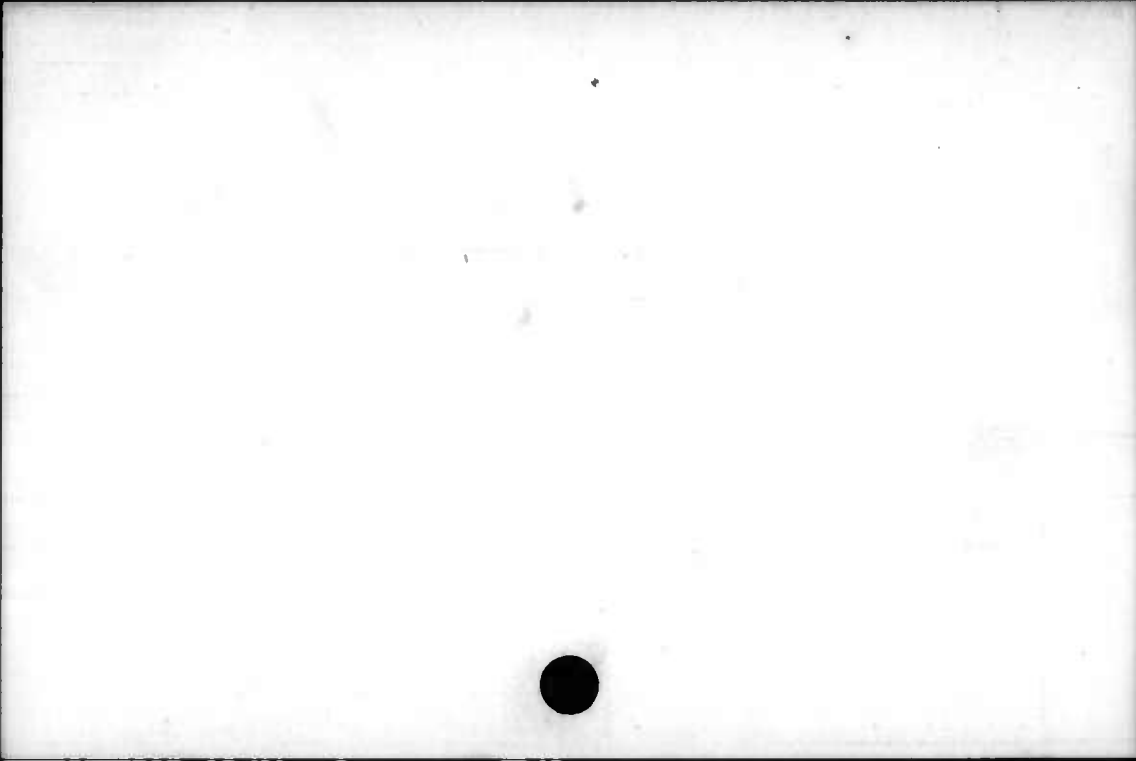
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bruntd</i> Town		County <i>Allegheny</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>8</i>	Day <i>16</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i> Days <i>6</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Bruntd</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>John M. Mullen</i>				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving Information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Infantile Paralysis</i>	How long
Immediate	<i>—</i>	How long <i>1</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>R. W. Mullen</i>
		Address <i>Bruntd</i>
Accident or Suicide?		



Name
in
Full

Mary Jane Nelson

CERTIFICATE OF DEATH

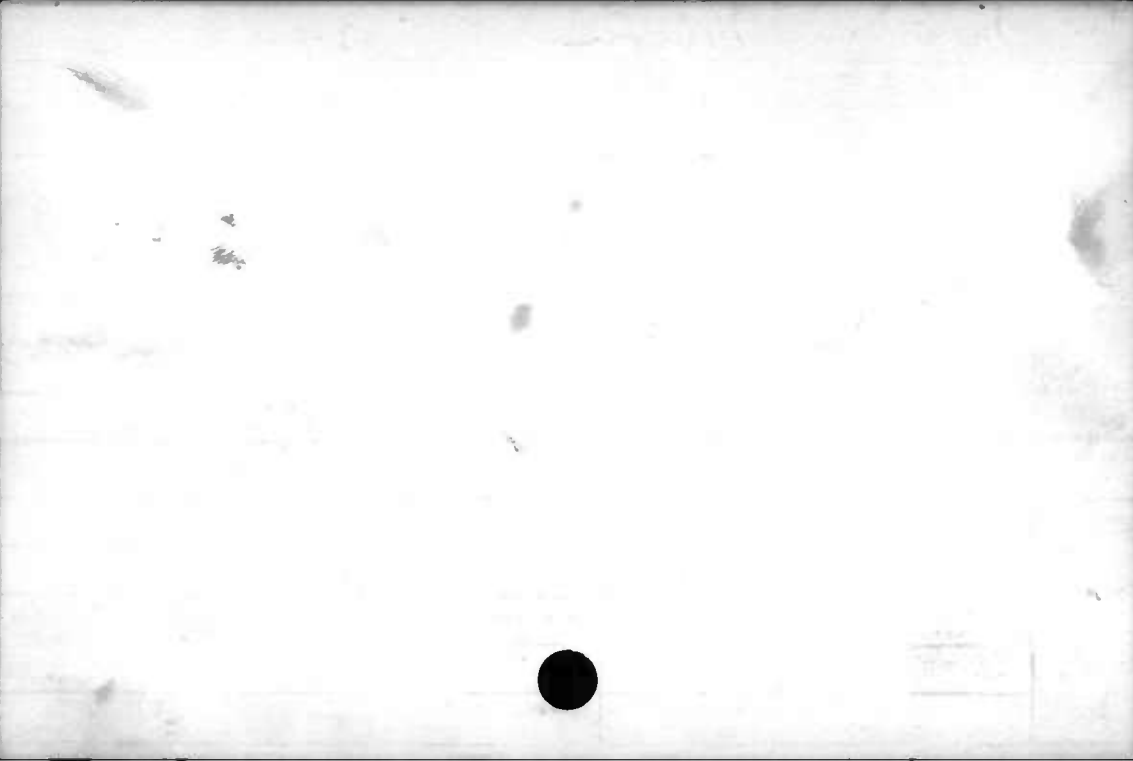
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Frothingham		County		Allegany		MARYLAND	
Date of death 190		3	Aug	25	Age	64	Months	1	Days
Sex		Female		Color or Race		White		Birth-place	
Married, Single or Widowed		Married		Occupation		Housewife		Allegany Co. Md.	
Name of Wife or Husband		Andrew Nelson							
Father's Name		Josiah Porter						Father's Birthplace	
Mother's Maiden Name		Sarah Porter						Mother's Birthplace	
Name of person giving Information		Isaac Porter						How related to deceased	
								Son in law	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Senile debility & prostatic hypertrophy		How long	5-6 mo's
Immediate	Hypostatic congestion of lungs		How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			J. C. Coker	
			Address	
			Frothingham	
Accident or Suicide?		No		



Name In Full

Certificate of Death

Conrad J. Muekel
 Town County

MARYLAND

Died at Froelburg

Month Day

Y.

M.

D.

Native of

Occupation

Date 1903

Aug 16

Age 55-8-6

Germany

Undertaker

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

2

Husband of

Wife Yes

Father's

Name

Conrad Muekel

Mother's

Maiden Name

Cause of

Primary

Pneumonia - Scarlock

How long sick

28 hours

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

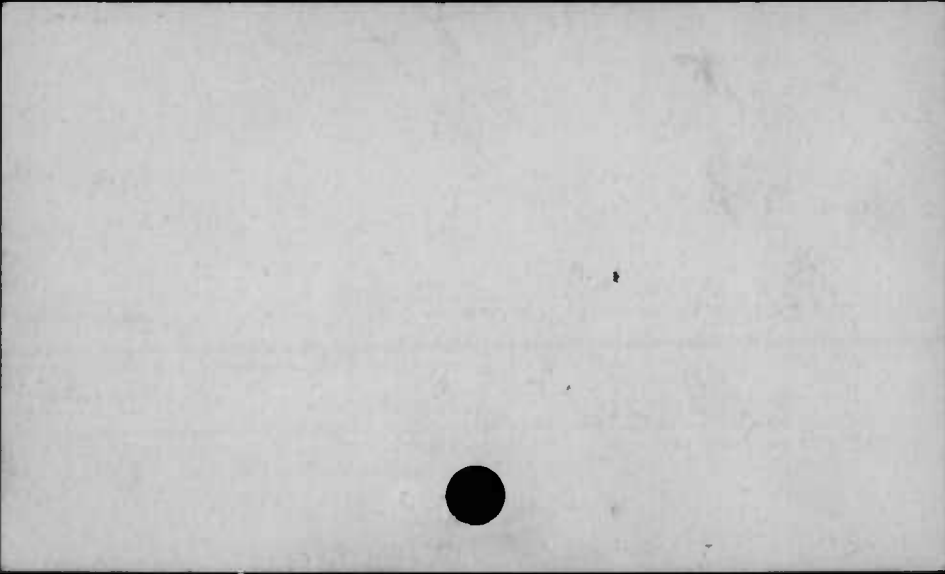
Reported by

D. H. Griffith

Address

Froelburg

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death 190

Sex

Married, Single
or WidowedName of Wife or
HusbandFather's
NameMother's
Maiden NameName of person giving
In formation

Town

County

MARYLAND

Month

Day

Age

Years

Months

Days

Color or
RaceBirth-
place

Occupation

Father's
BirthplaceMother's
BirthplaceHow related
to deceased

CAUSES OF DEATH

Primary

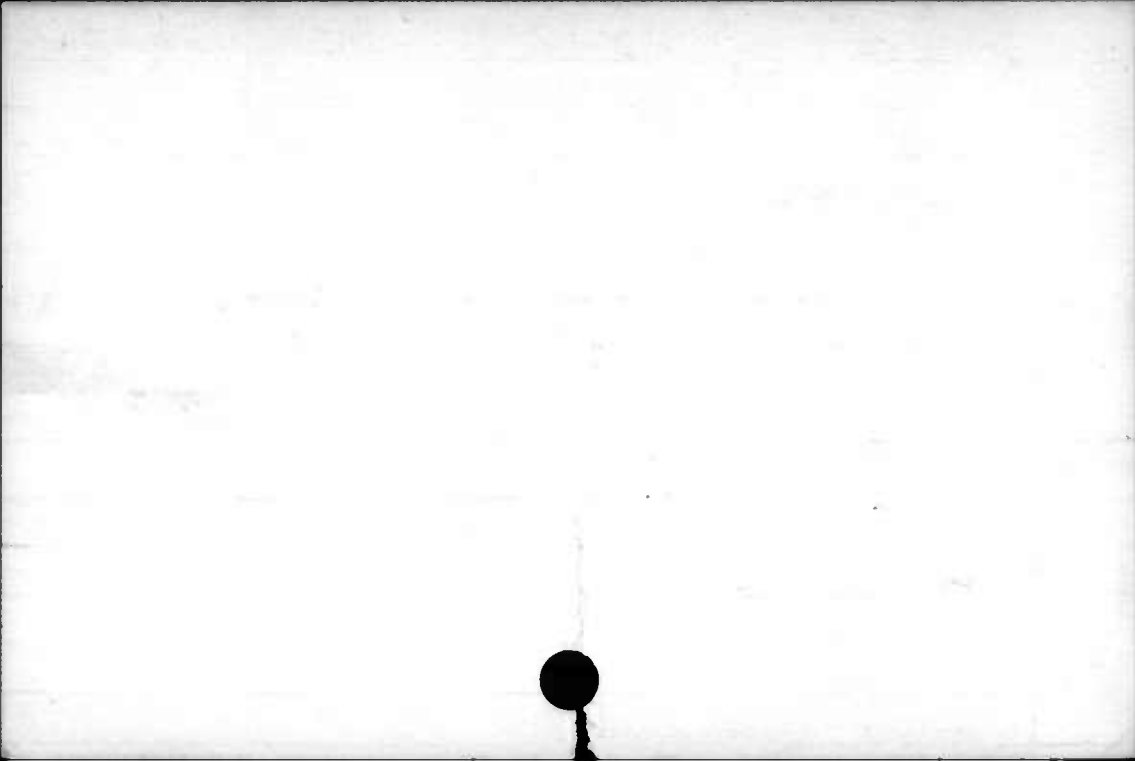
Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

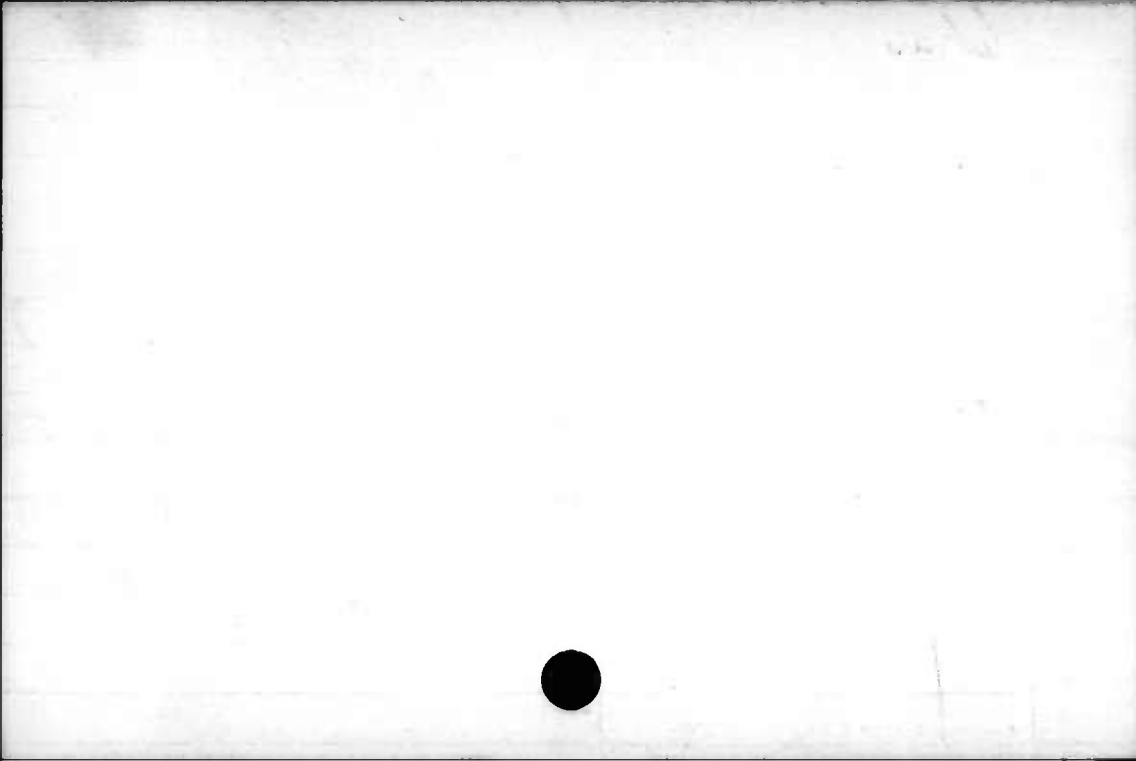
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Patterson</i>		County <i>Calverton</i>		State <i>MARYLAND</i>	
Died at <i>Middlethian</i>		Age <i>5</i>		Months <i>5</i>	
Date of death 190 <i>3</i>	Month <i>8</i>	Day <i>10</i>	Years <i>5</i>	Months <i>5</i>	Days <i></i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Middlethian</i>			
Married, Single or Widowed <i>Single</i>	Occupation <i>no</i>				
Name of Wife or Husband <i></i>					
Father's Name <i>Joe Patterson</i>			Father's Birthplace <i>Scotland</i>		
Mother's Maiden Name <i>Annie Patterson</i>			Mother's Birthplace <i>America</i>		
Name of person giving information <i></i>			How related to deceased <i></i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Diphtheria</i>	How long <i>90</i>
Immediate <i>Heart Failure</i>	How long <i>1 Week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>F. L. Chimes</i>
	Address <i>Middlethian</i>
Accident or Suicide? <i></i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1903		3	8	9	9		
Sex		Color or Race		Birth-place			
Male		White		Maryland			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			
				Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate		How long	
Diphtheria, heart failure, weak			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		J. H. Jones	
		Address	
		Baltimore	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Midlothian</i> ^{County} <i>Alleghamie</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>8</i>	Day <i>10</i>	Age <i>5</i> Years Months <i>0</i> Days <i>0</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Midlothian</i>	
Married, Single or Widowed <i>Single</i>	Occupation <i>no</i>		
Name of Wife or Husband _____			
Father's Name <i>Tos Patterson</i>		Father's Birthplace <i>Scotland</i>	
Mother's Maiden Name <i>Annie Patterson</i>		Mother's Birthplace <i>America</i>	
Name of person giving information _____		How related to deceased _____	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Diphtheria</i>	How long <i>3 days</i>
Immediate <i>Croup</i>	How long _____
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>F. L. Chymes</i>
	Address <i>Midlothian</i>
Accident or Suicide?	<i>Ang</i>



Name
in
Full

CERTIFICATE OF DEATH

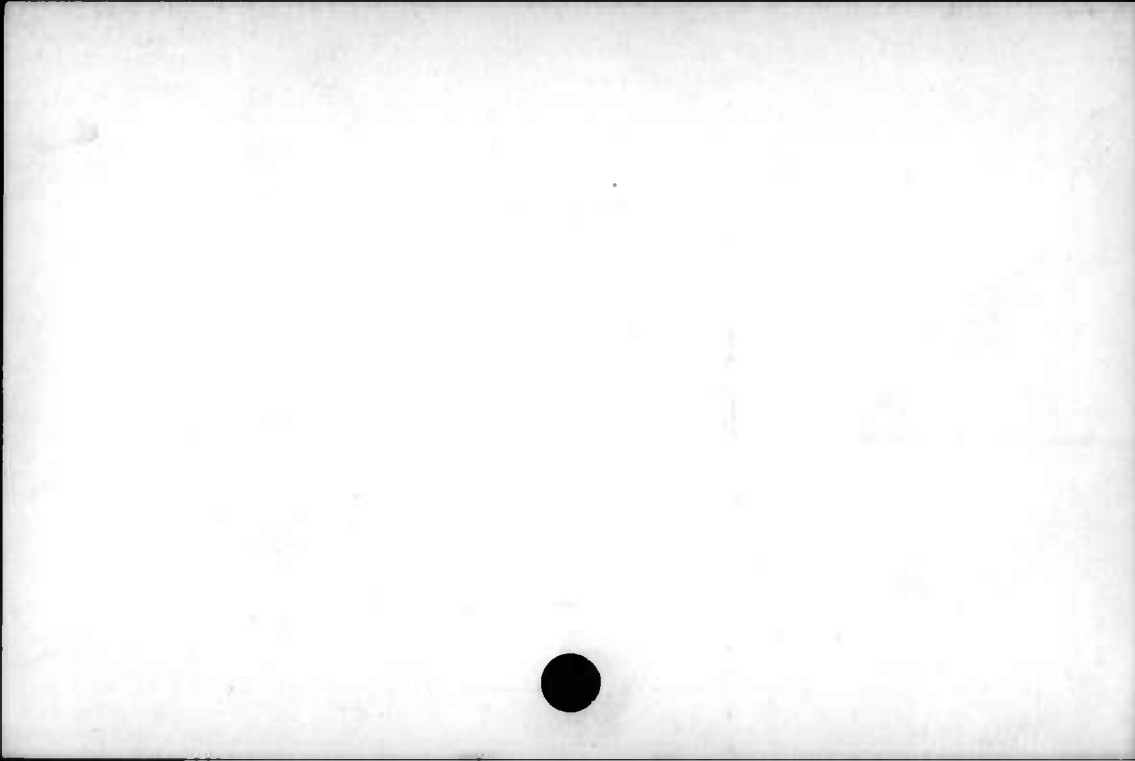
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Boston</i> ^{Town} <i>Allegheny</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Aug</i>	Day <i>24</i>	Age <i>61</i> Years Months Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Mt Savage</i>	
Married, Single or Widowed <i>Married</i>	Occupation <i>Labourer</i>		
Name of Wife or Husband <i>Jessie Davis</i>			
Father's Name <i>Thomas Percy</i>	Father's Birthplace <i>Scotland</i>		
Mother's Maiden Name <i>Agnes McFie</i>	Mother's Birthplace <i>Scotland</i>		
Name of person giving information <i>Mrs. David Percy</i>	How related to deceased <i>Wife</i>		

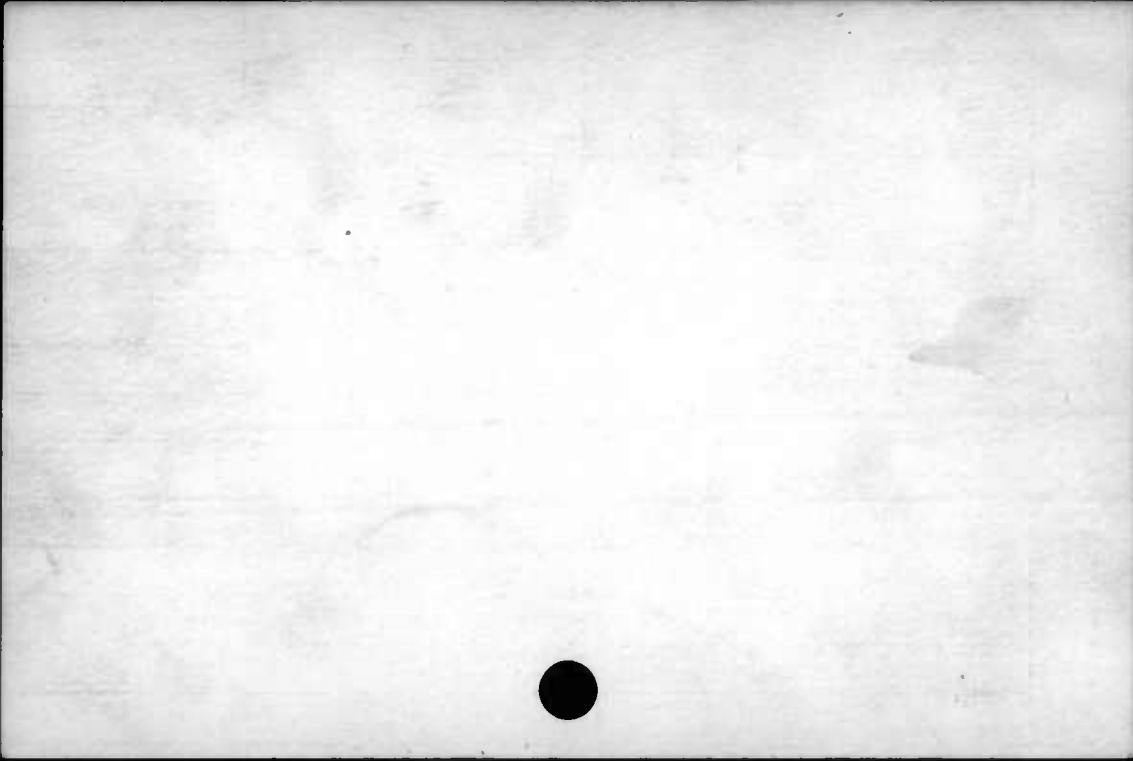
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Back broken body mangled under cars</i>	How long <i>Instantly</i>
Immediate <i>Shock</i>	How long <i>Instantly</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. D. Skilling</i>
	Address <i>Pracaspine</i>
Accident or Suicide? <i>Accident</i>	



Name in Full		John Pickford				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	Date of death 1903		Month	Day	Years	Months	Days
	Sex		Color or Race		Birth-place		
	Married, Single or Widowed		Occupation				
	Name of Wife or Husband						
	Father's Name		Father's Birthplace				
	Mother's Maiden Name		Mother's Birthplace				
Name of person giving information		How related to deceased					
<div>CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary		How long				
	Immediate		How long				
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician				
			Address				
	Accident or Suicide?						



Name

in
Full

Joseph C. Porter

CERTIFICATE OF DEATH

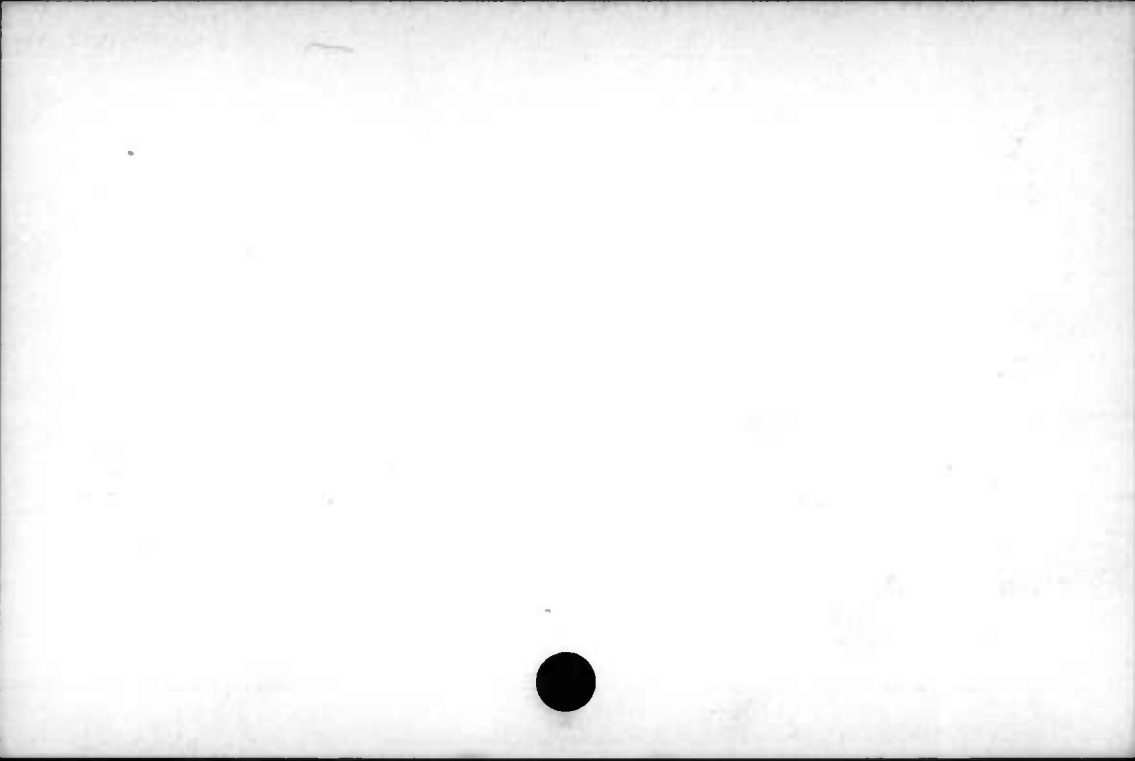
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Donacoony</i> Town		<i>Allegheny</i> County		MARYLAND	
Date of death 1903	Month <i>August</i>	Day <i>3</i>	Age <i>58</i>	Years <i>4</i>	Months <i>16</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Wt Savage Md</i>			
Married, Single or Widowed <i>Widower</i>	Occupation <i>Saloon keeper</i>				
Name of Wife or Husband <i>Amanda Pugh</i>					
Father's Name <i>George Porter</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Margaret Porter</i>			Mother's Birthplace <i>Wt Savage Md</i>		
Name of person giving information <i>Harry Porter</i>			How related to deceased <i>Brother</i>		

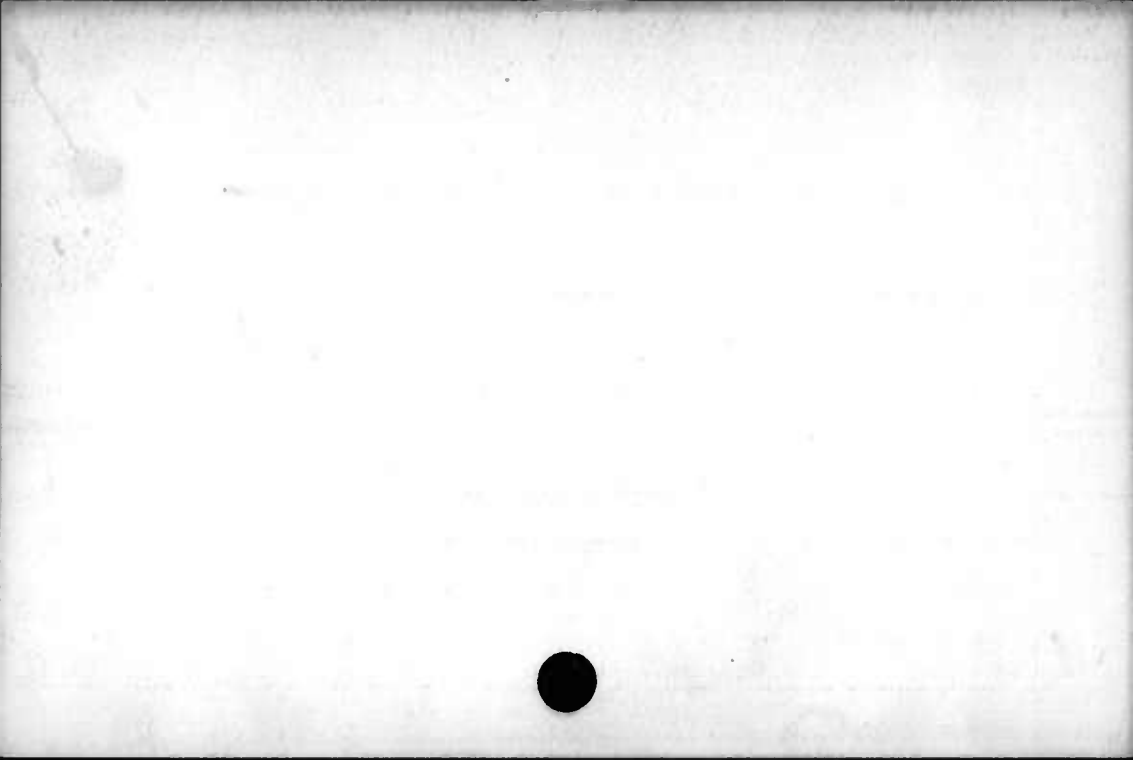
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Nephritis</i>	How long <i>6 1/2 mo.</i>
Immediate <i>Uraemia</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>M. G. Porter</i>
	Address <i>Donacoony Md</i>
Accident or Suicide? <i>No</i>	



Name in Full Jennie Powell		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at Ronacomy Town		Alley County		MARYLAND
	Date of death 190 3	Month Aug	Day 28	Age 10 Years	Months 11 Days 14
	Sex Female	Color or Race White		Birth-place Ronacomy	
	Married, Single or Widowed Single		Occupation —		
	Name of Wife or Husband —				
	Father's Name W. W. Powell		Father's Birthplace Ronacomy		
	Mother's Maiden Name Josephine White		Mother's Birthplace Muchlyan		
Name of person giving information Mr. W. W. Powell		How related to deceased Mother			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary Enteric colitis		How long 4 days		
	Immediate 106		How long —		
	Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician M. J. Porter		
			Address Ronacomy Md.		
	Accident or Suicide? No				



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 19

03

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Age 65-11

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise

ner, undertaker or minister.



Name in Full

Certificate of Death

Willie Price

Town

County

Died at

MARYLAND

Date 19

03

Month

Day

Age

Y.

M.

D.

Native of

Occupation

Aug 15

3

-

Md

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70895



Name in Full Chas Reckley		CERTIFICATE OF DEATH	
Died at Crusherland Alleyway		TOWN County	
Date of death 1903 Aug		Day 4 Years 65 Months 11 Days 20	
Sex male		Color or Race white	
Married, Single or Widowed married		Occupation _____	
Name of Wife or Husband _____			
Father's Name 1900		Father's Birthplace _____	
Mother's Maiden Name _____		Mother's Birthplace _____	
Name of person giving information J. R. Reckley		How related to deceased Son	
CAUSES OF DEATH			
Primary Chronic nephritis		How long intermittent 10 yrs	
Immediate uraemia		How long 5 days	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician E. B. Claybrook M.D.	
		Address Crusherland Md	
Accident or Suicide? _____			

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Paul Ritter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumt</i>		County <i>Allegheny</i>		MARYLAND	
Date of death	1903	Month	8	Day	12
Age		63		Years	Months
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>	
Occupation <i>merchant</i>		Where Residing if not at place of death <i>Cumt</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband			
Father's Name <i>—</i>		Father's Birthplace			
Mother's Maiden Name <i>—</i>		Mother's Birthplace			
Name of person giving Information <i>Louis Leener</i>		How related to deceased <i>none</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebral hemorrhage</i>	How long <i>3 days</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>N. N. Miller</i>
<i>Heumann</i>	Address <i>Cumt England Pa</i>
Accident or Suicide?	



Name
in
Full

Edward Brown

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Date

of death 1903

Month

Day

Age

Years

Months

Days

Sex

Color or
RaceBirth-
placeMarried, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Child of Brent Smallwood

Town

County

Died at

Cumbd.

Allegheny

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Aug. 6

Age

7 wks

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

B. Smallwood

Mother's

Maiden Name

Cause of

Primary

Enterocolitis

How long sick

1 week

Death

Immediate

Spasms

Accident, Suicide, Homicide

Reported by

Clt Brace

105

Address

Cumbd.

Brace.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

33 Md. Ave.

Name
in
Full

Bernard Srankhouse.

CERTIFICATE OF DEATH

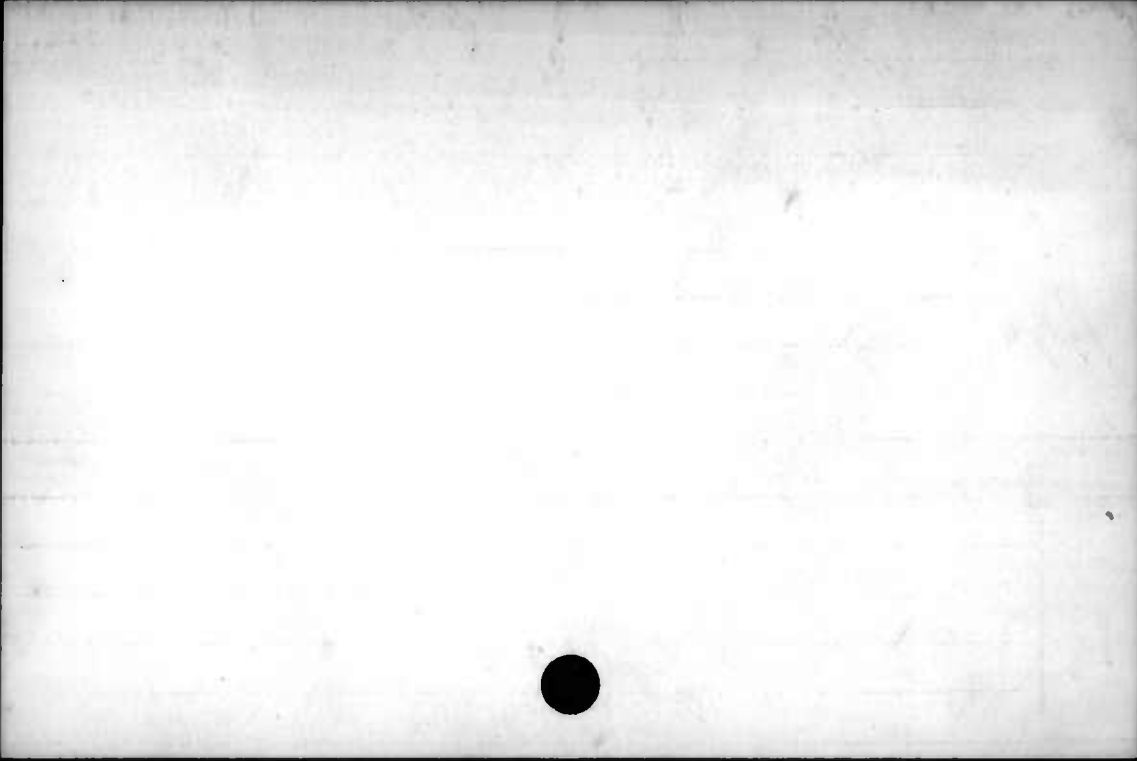
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brunswick</i>		County <i>Accomack</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>8</i>	Day <i>25</i>	Age <i>10 -</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Brunswick</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Michael Srankhouse</i>			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Peritonitis (general)</i>	How long <i>3 days</i>
Immediate <i>-</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. H. H. Miller</i>
	Address <i>Brunswick</i>
Accident or Suicide?	



Name
in
Full

Mrs Smeltz

34

CERTIFICATE OF DEATH

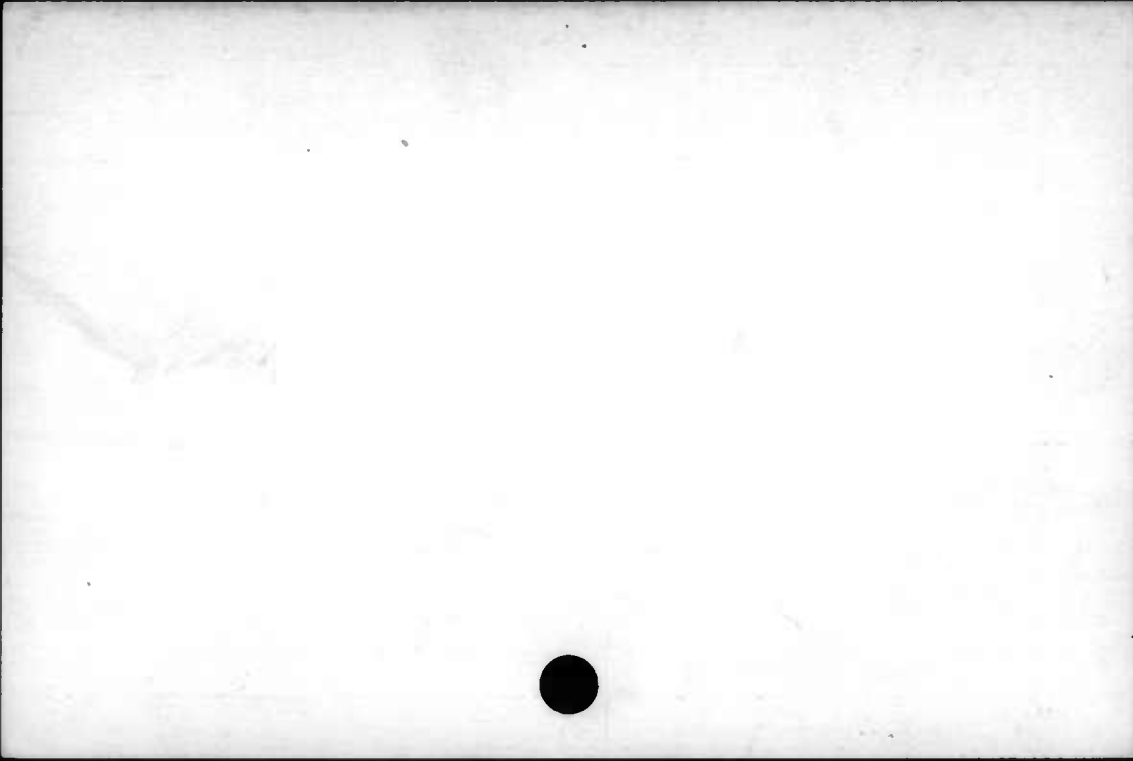
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Frostburg		County		allegany		MARYLAND																	
Date of death		1903		Month		Aug		Day		26		Age		Years		83		Months		—		Days		2	
Sex		Female		Color or Race		White		Birth-place		Germany															
Married, Single or Widowed		Widow		Occupation		H.N.																			
Name of Wife or Husband		Henry Smeltz																							
Father's Name		—		Father's Birthplace		Germany																			
Mother's Maiden Name		—		Mother's Birthplace		Germany																			
Name of person giving Information		Mrs Miller		How related to deceased		Daughter																			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Senility		How long		—	
Immediate		13		How long		—	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Thos. J. Maoney	
				Address		Frostburg	
Accident or Suicide?							



CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Allegany Co</u>		<u> </u> County		MARYLAND	
Date of death <u>1903</u>	Month <u>8</u>	Day <u>22</u>	Age <u>12</u>	Months <u> </u>	Days <u> </u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>America</u>		
Occupation <u> </u>			Where Residing if not at place of death <u> </u>		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u> </u>				
Father's Name <u>Philip Smith</u>	Father's Birthplace <u>France</u>				
Mother's Maiden Name <u> </u>	Mother's Birthplace <u> </u>				
Name of person giving Information <u>Mrs Smith</u>	How related to deceased <u>Mother</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Diphtheria</i>	How long	<i>1 week</i>
Immediate	<i>Exhaustion</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. Jones Wilson</i>
		Address	<i>Chamberlain</i>
Accident or Suicide?			



Name
in
Full

Thomas Smith Sr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

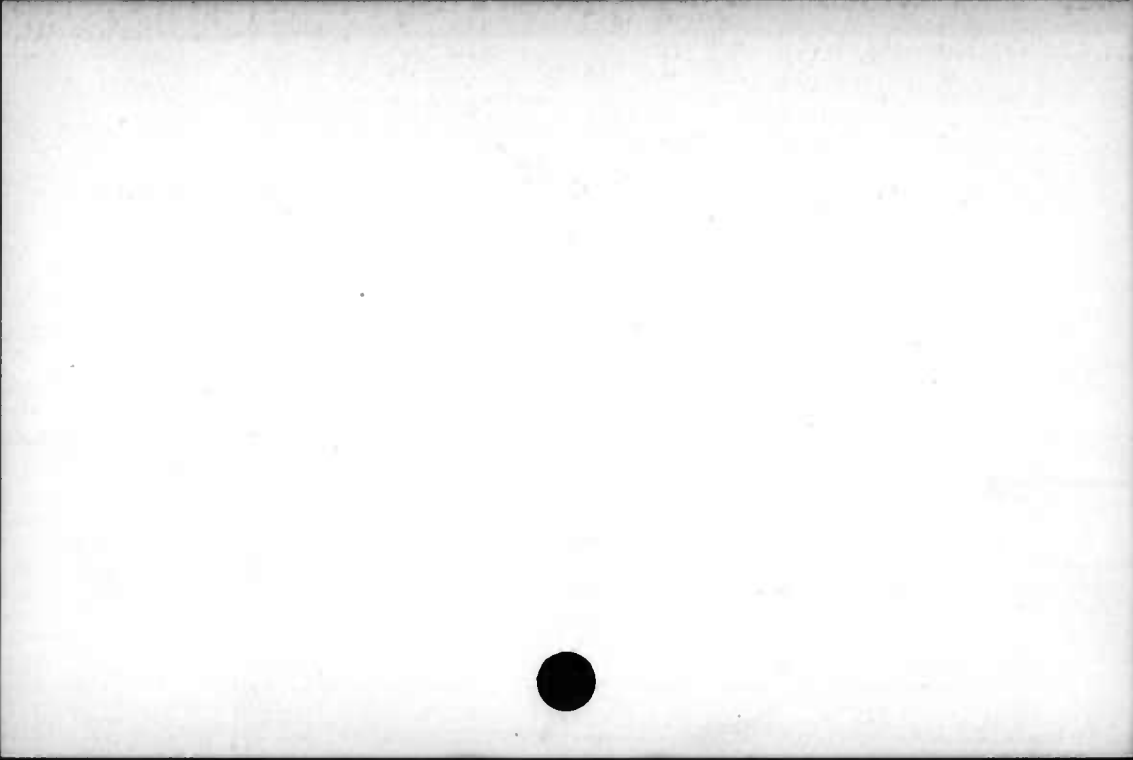
MARYLAND

Died at		Sonawoning		Towm		allegany		County	
Date	1903	Month	Aug	Day	15	Age	66	Years	Months
Sex		Male		Color or Race		White		Birth-place	
Married, Single or Widowed		Married		Occupation		Miner			
Name of Wife or Husband									
Father's Name					Thomas Smith				
Mother's Maiden Name					Rachel Wilson				
Name of person giving information					Mrs. Thos. Smith				
Father's Birthplace					Scotland				
Mother's Birthplace					"				
How related to deceased					Wife				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Polypoid Carcinoma (Nasal)		How long	1 year
Immediate	Exhaustion		How long	45
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			M. Gibson Porter	
			Address	
			Sonawoning Md.	
Accident or Suicide?		No -		



Certificate of Death

Date 1953

Female

Wife

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

aug 9

Age 27

White

Married

Widow

Divorced

Colored

Single

Widower

Number of children living

Husband of *M A Thomas*
Wife

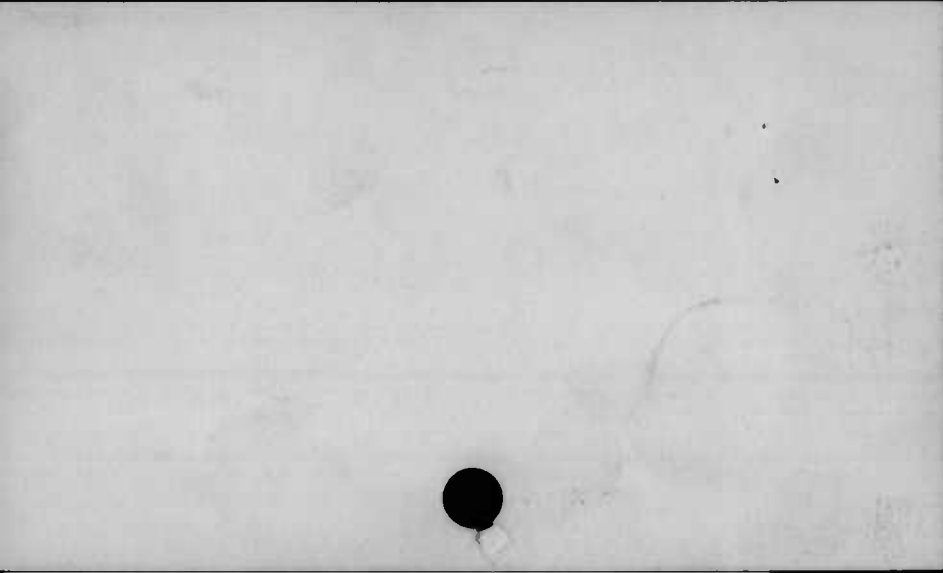
Father's Name Cyril DeLoach Mother's Maiden Name

Cause of	Primary	<i>Pott's Pseudotumor</i>	How long sick	<i>2 years</i>
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Death	Immediate	<i>Echawli</i>	Accident, Suicide, Homicide
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Reported by James
Address London

LIBRARY BUREAU. 79829



Name in Full		CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Town</u> <i>Trostburg</i>		County <i>Allegheny</i>				
		State <i>MARYLAND</i>						
		Date of death 190 <i>3</i>	Month <i>8</i>	Day <i>48</i>	Age	Years <i>2</i>	Months <i>2</i>	Days <i>21</i>
		Sex <i>M</i>	Color or Race <i>W</i>	Birth-place <i>Md</i>				
		Married, Single or Widowed		Occupation				
		Name of Wife or Husband						
		Father's Name <i>Geo. H. Thomas</i>			Father's Birthplace <i>Md</i>			
		Mother's Maiden Name <i>Elizabeth Rank</i>			Mother's Birthplace <i>Md</i>			
		Name of person giving information <i>Father</i>		How related to deceased				
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary <i>Marasmus</i>		How long <i>105</i>				
		Immediate		How long <i>2 month</i>				
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. M. Lang</i>				
				Address <i>Trostburg, Md</i>				
		Accident or Suicide?						

Germine Luth-

957

Name
in
Full

Nathaniel Todd

CERTIFICATE OF DEATH

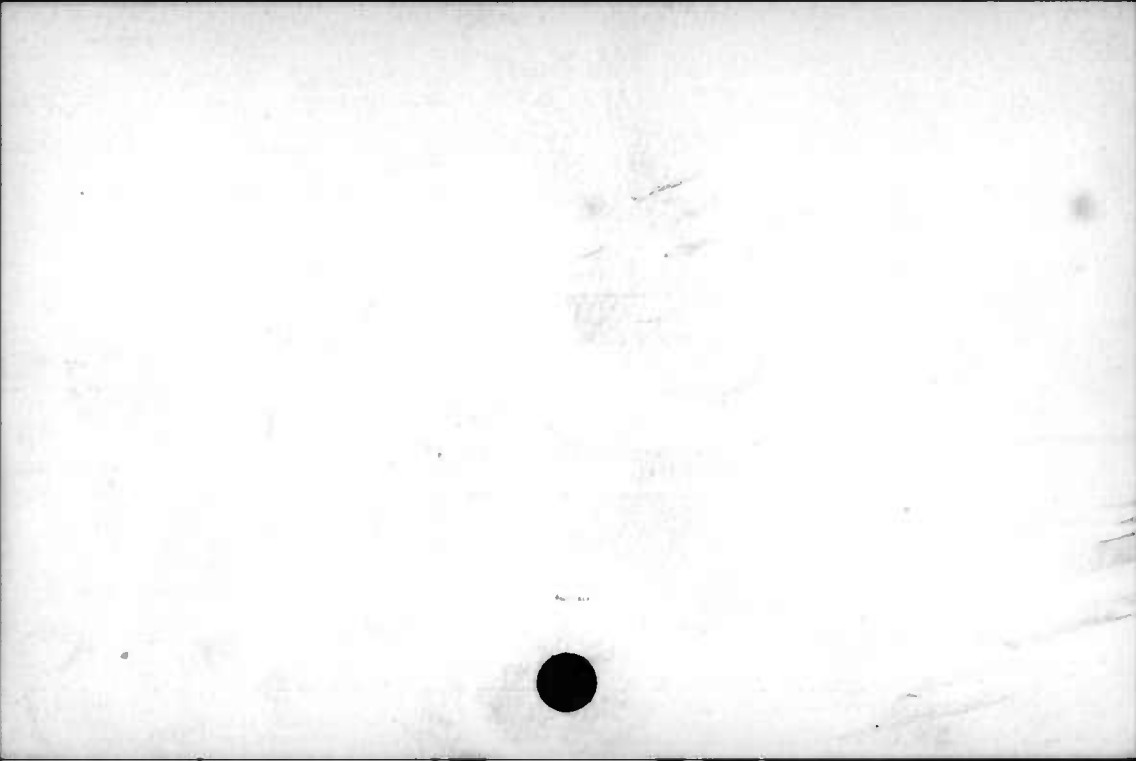
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Lonaconing		County Allegany		MARYLAND					
Date of death 190		3	Month Aug	30	Day	4	Years	5	Months	21	Days
Sex		Male		Color or Race		White		Birth- place		Lonaconing Md	
Married, Single or Widowed		Single		Occupation		—					
Name of Wife or Husband											
Father's Name						Joseph Todd					
Mother's Maiden Name						Margaret Boyd					
Name of person giving In formation						Joseph Todd					
Father's Birthplace						Scotland					
Mother's Birthplace						"					
How related to deceased						Husband					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Infected wart		61		How long		6 days	
Immediate		Septic meningitis				How long		2 days (36 hours)	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		M. Gibson Porter			
				Address		Lonaconing Md.			
Accident or Suicide?		No							



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Midlothian</u> ^{Town}		<u>Allegany</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	Month <u>Aug.</u>	Day <u>27</u>	Age <u> </u>	Years <u> </u>	Months <u> </u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Midlothian</u>		
Married, Single or Widowed <u>Single</u>			Occupation <u> </u>		
Name of Wife or Husband <u> </u>					
Father's Name <u>Levi F Wilson</u>			Father's Birthplace <u>Midlothian</u>		
Mother's Maiden Name <u>Agnes E Wimburn</u>			Mother's Birthplace <u>Allegany Co</u>		
Name of person giving information <u>Agnes E Wimburn</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Still Born</u>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>		Signature of Physician <u>H. H. Johnson</u>	
		Address <u>Valle Summit</u>	
Accident or Suicide? <u> </u>		<u>Allegany Co</u>	

